

**RENTAL APPLICATION INSTRUCTIONS:**

Do not write in shaded box.

**APPLICANT NAME AND ADDRESS:** It is Applicant's responsibility to keep the Fort Berthold Housing Authority updated as to current mailing address and phone numbers. Should any correspondence mailed be returned because the address is incorrect or you have moved, we will make no further attempt to contact you.

**HOUSEHOLD COMPOSITION:**

1. List all the people that will reside in your household starting with Applicant and spouse (if any).
2. For each name listed, include Social Security Number.
3. For each name listed, include Date of Birth.
4. Sex is M for Male and F for Female.
5. The Relation to Applicant could be spouse, child, grandchild, nephew, niece, etc.
6. Enter tribal enrollment number for household member who is claiming tribal preference.
7. If any household member is disabled, write "yes" in space provided, if not, write "no". Please provide verification of disability.

**FAMILY INCOME:** Enclose copy of most recent paystub or benefit award letter. If no income, please enter \$0 and sign the NO INCOME STATEMENT FORM. This must be signed and dated in the presence of an authorized Lease Compliance Specialist.

**LANDLORD REFERENCES:** Need past Landlord Company Name, Address and Telephone Number.

**All Household Members Age 18 and Over** must read, complete, sign, and date application, including:

1. **REQUEST FOR VERIFICATION OF INCOME,**
2. **AUTHORIZATION FOR RELEASE OF INFORMATION (HUD-9886),**
3. **FEDERAL PRIVACY ACT STATMENT**
4. **AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK.**

Upon review and acceptance as an eligible applicant, **your application will be kept for one (1) year. You must update changes (contact information) to your application by reporting to FBHA as soon as possible, or your application will become ineligible for consideration.** If you become ineligible because you have failed to update, you will lose your priority date (the date your application was received by the Housing Authority). **This date is critical in determining your position on the waiting list. The older applications will receive first consideration.**

**The following must be attached to application as it applies to you:**

1. A copy of State identification for Household members 18 years and older.
2. A copy of social security cards for all household members.
3. A copy of Tribal Enrollment for Head of Household claiming tribal preference.
4. A copy of marriage license, divorce decree, or legal separation papers as dependent on marital status.
5. Proof of child custody in the case of divorce or legal custody determination, and **birth certificates for minor children.**
6. Income source provided, i.e., copy of check stub, benefit letter, etc.
7. If self-employed, please provide a copy of your latest federal income tax return.

**Remember, updating your application is your responsibility.**

APPLICATION FOR RENTAL UNIT

Do Not Write In Shaded Box

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Area: \_\_\_\_\_ Bdrms: \_\_\_\_\_  
 Complete Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Completed by: \_\_\_\_\_

AREA: Please circle the area you wish to reside:  New Town  Four Bears  Parshall  Mandaree  Twin Buttes  White Shield

HOUSEHOLD COMPOSITION

Last Name, First, MI	Soc Sec No.	Birthdate	Sex	Relat.	Tribal ID#	Handicap?

(Please add additional family members on a separate sheet of paper.)

MARITAL STATUS of Head of Household:  Single  Married  Separated  Divorced  Widowed

FAMILY INCOME: You must list **all** income from **all** sources for **all** family members age 18 years and older.

Household Member	Amount	Per: (circle one)	Income Source or Employer
	\$	Hr. Wk. 2Wks. Mo. Yr.	
	\$	Hr. Wk. 2Wks. Mo. Yr.	
	\$	Hr. Wk. 2Wks. Mo. Yr.	

PRESENT HOUSING CONDITIONS: Describe your present living conditions.

- If you are homeless or about to be homeless, explain why \_\_\_\_\_
- If you now reside in a home, what is the condition of the home?  Good  Fair  Poor
- If the home is in Poor condition, please describe \_\_\_\_\_
- Please check if your home *does not* have:  Electricity  Running water  Indoor bathroom facilities
- If you have ever resided in public or Indian Housing, state where \_\_\_\_\_

(If you wish to comment further about your housing situation, please attach separate sheet)

LANDLORD REFERENCE: Name and address of your last landlord. (Do not list Fort Berthold Housing).

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_

\*\*\*\*\*  
 I, the undersigned, state that the information provided above is true and complete to the best of my knowledge. I understand that it is my sole responsibility to update this application annually and keep all information current so that I receive proper consideration.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

FORT BERTHOLD HOUSING AUTHORITY  
PROGRAM FRAUD NOTICE

The new Housing and Urban Development (HUD) regulations establish administrative procedures for imposing civil penalties and assessments against persons who file false claims or statements while applying for housing benefits. These regulations, which implement the Program Fraud Civil Remedies Act of 1986, apply to all applicants for Indian housing programs, as well as tenants and homebuyers.

The Program Fraud Remedies regulations apply to any person or persons who misrepresent or omit information from applications for housing, income verification, re-examination of information, family composition, age of family members, etc. The HUD Inspector General may investigate and they may be subject to the following penalties:

1. Up to \$5,000 for filing such claims; or
2. Up to \$5,000 plus up to twice the amount of benefits which were fraudulently received; and
3. In any case, whether or not benefits were actually received by the individual family, and other remedy, which may be prescribed by law, will still apply. (This means that that fines do not preclude criminal charges for legal actions against the person(s) committing the fraud.)

Some of the areas where such fraud may occur:

- Families reporting less than all sources of income, (e.g., only reporting husband's income when both spouses are working; or not reporting all or part of part-time income or other seasonal income.)
- Families listing more dependents that are eligible or who live in the household.
- Families misrepresenting age to either get benefits for elderly or claim children as dependents after they reach the age of 18.
- Families not reporting all assets, such as bank accounts, real estate/homes owned (not including trust lands).

The attachment of this Rider shall be made part of the application, Dwelling Lease, Mutual Self-Help Agreement (MHOA) or recertification.

\*\*\*\*\*

I have read the above and understand the possible penalties I may be subject to for providing fraudulent information. All Household Members Age 18 and Over must read, sign and date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the **Fort Berthold Housing Authority** (the Authority) at application or re-examination. HUD will collect the information on Form HUD-50058. 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 Privacy Act of 1974 as amended requires us to tell you about this. We also are required to tell you what HUD will do with the information.

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

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 Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents to give the Authority the SSN(s) 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 evict you or withdraw your housing assistance.

I have read the Federal Privacy Act Statement.

Signature, Printed Name of Head of Household and Date	Signature, Printed Name of Spouse Other Adult Member of the Household and Date
<input checked="" type="checkbox"/> Signature, Printed Name of Other Adult Member of the Household and Date	<input checked="" type="checkbox"/> Signature, Printed Name of Other Adult Member of the Household and Date
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## INSTRUCTIONS

The Form HUD-9886 must be signed by the head of household and spouse regardless of age and by each adult member in the household at the initial eligibility determination or during an interim reexamination or regularly scheduled income reexamination.

Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age. 1/

Applicants are required to sign the Form HUD-9886 at the time their eligibility is determined.

Failure of any applicant or participant to sign the consent form constitutes grounds for denial of eligibility or termination of assistance or tenancy.

Once an applicant or participant has signed and submitted a consent form, subsequent consent forms may be required under the following conditions:

- Original consent form has been lost or destroyed
- HUD or HA has determined that the original consent form is too old for use in obtaining information

Form HUD-0996 incorporates the requirement of the McKinney Amendments and gives notice that computer matching may be done to check information provided by the applicant or participant. Where the HA is to conduct the computer matching with a State Wage Information Collection Agency (SWICA), the HA shall certify to the SWICA that the applicants and participants have signed consent forms and a Privacy Act Statement.

HAs must maintain a signed copy of the consent form, as well as a signed Privacy Act Statement in each tenant's file.

Before completion of any eviction proceedings for those individuals who have refused to sign the Form HUD-9886 dated 4/91, HAs must give the individual an opportunity to sign the revised Form HUD-9886.

1/ Additional signature lines may be added as necessary.

FORT BERTHOLD HOUSING AUTHORITY  
 Lease Compliance Office  
 PO BOX 310  
 NEW TOWN ND 58763  
 (701) 627-4731  
 Fax: (701) 627-3802

**NOTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION**

Notification

The Fort Berthold Housing Authority requires me to consent to a criminal background check as a condition of housing. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the tribal, county, state and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize FBHA to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist FBHA in collecting this information.

Print Name	Middle Name	Last Name (Birth Name)		Primary Contact Ph#
Current Address	City	State	Zip Code	Secondary Contact Ph #
Social Security Number	Date of Birth	Driver's License #		State of Driver's License & number
Name of Tribe Enrolled (if applicable)		Other Tribal Affiliation(s) of Employment		

Have you ever been convicted of a Felony crime or pled guilty or no contest to any crime? (Conviction will not necessarily disqualify applicant from housing.) **YES** \_\_\_\_\_ (provide details on bottom of this page.) **NO** \_\_\_\_\_

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for housing. By signing below, I hereby provide my authorization to FBHA to conduct a criminal background check. In addition to those rights, I understand that I have a right to appeal an adverse decision made by FBHA based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven (7) working days from FBHA's receipt of such appeal. By signing this form, I hereby agree that I will not file any claim or lawsuit against Fort Berthold Housing Authority relating to the use of any criminal records regarding me for screening purposes.

**This Authorization shall remain in effect for one year from the date of my signature.**

\_\_\_\_\_  
**Signature of Household Member**

\_\_\_\_\_  
**Date**

FORT BERTHOLD HOUSING AUTHORITY  
 Lease Compliance Office  
 PO BOX 310  
 NEW TOWN ND 58763  
 (701) 627-4731  
 Fax: (701) 627-3802

## NOTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

### Notification

The Fort Berthold Housing Authority requires me to consent to a criminal background check as a condition of housing. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the tribal, county, state and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

### Authorization

I hereby authorize FBHA to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist FBHA in collecting this information.

Print Name	Middle Name	Last Name (Birth Name)		Primary Contact Ph#
Current Address	City	State	Zip Code	Secondary Contact Ph #
Social Security Number	Date of Birth	Driver's License #		State of Driver's License & number
Name of Tribe Enrolled (if applicable)		Other Tribal Affiliation(s) of Employment		

Have you ever been convicted of a Felony crime or pled guilty or no contest to any crime? (Conviction will not necessarily disqualify applicant from housing.) **YES** \_\_\_\_\_ (provide details on bottom of this page.) **NO** \_\_\_\_\_

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for housing. By signing below, I hereby provide my authorization to FBHA to conduct a criminal background check. In addition to those rights, I understand that I have a right to appeal an adverse decision made by FBHA based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven (7) working days from FBHA's receipt of such appeal. By signing this form, I hereby agree that I will not file any claim or lawsuit against Fort Berthold Housing Authority relating to the use of any criminal records regarding me for screening purposes.

**This Authorization shall remain in effect for one year from the date of my signature.**

\_\_\_\_\_  
 Signature of Household Member

\_\_\_\_\_  
 Date

# Notice and Consent for the Release of Information

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to  
an Owner and Management Agent (O/A), and to a Public Housing  
Agency (PHA)

<p>HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):</p> <p><b>FORT BERTHOLD HOUSING AUTHORITY</b> Attention: Executive Director Highway 1804, Dakota Drive North</p>	<p>O/A requesting release of information (Owner should provide the full name and address of the Owner.):</p>	<p>PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):</p> <p>XX</p>
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**Notice To Tenant:** Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent:** I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:		Additional Signatures, if needed:	
_____	_____	_____	_____
Head of Household	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Spouse	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date



### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

---

Name of Applicant or Tenant (Print)

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Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

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Name of Project Owner or his/her representative

---

Title

---

Signature & Date  
cc:Applicant/Tenant  
Owner file

AUTHORIZATION FOR RELEASE OF INFORMATION

for

Fort Berthold Housing Authority

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish \_\_\_\_\_  
Fort Berthold Housing Authority

and MAXIMUM REPORTS, INC., and/or its representative's permission and authority to conduct a background check. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references, and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of \_\_\_\_\_

Fort Berthold Housing Authority  
and MAXIMUM REPORTS, INC., regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism, or financial loss that may result from use of information obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

By signing this form, I agree to have read and understand the contents of this Release of Information Form.  
The information received is for employment purposes only.

\_\_\_\_\_  
Applicant Full Name (Please Print)

\_\_\_\_\_  
Tribal Affiliation (If Applicable)

\_\_\_\_\_  
Maiden Name or Also Known As (If applicable)

\_\_\_\_\_  
Last 4 of Social Security Number

\_\_\_\_\_  
Driver's License Number (If applicable)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

AUTHORIZATION FOR RELEASE OF INFORMATION

for

Fort Berthold Housing Authority

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish Fort Berthold Housing Authority and **MAXIMUM REPORTS, INC.**, and/or its representative's permission and authority to conduct a background check. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references, and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of Fort Berthold Housing Authority and **MAXIMUM REPORTS, INC.**, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism, or financial loss that may result from use of information obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

By signing this form, I agree to have read and understand the contents of this Release of Information Form. The information received is for employment purposes only.

Applicant Full Name (Please Print)

Tribal Affiliation (If Applicable)

Maiden Name or Also Known As (If applicable)

Last 4 of Social Security Number

Driver's License Number (If applicable)

Date of Birth

Address

City

State

Zip

Signature

Date

# EMPLOYMENT VERIFICATION

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

*This form must be mailed or faxed to the resident's employer by on-site personnel.  
The resident cannot "hand carry" this form to his/her employer.*

TO: (Name & address of employer)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1<sup>st</sup> Request \_\_\_\_\_  
 2<sup>nd</sup> Request \_\_\_\_\_  
 3<sup>rd</sup> Request \_\_\_\_\_

Fax #: \_\_\_\_\_  
Attn: \_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Resident Name Social Security Number Unit # (if assigned)

*I hereby authorize release of my employment information.*

Signature of Applicant/Resident

Date

The individual named above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Management Agent

Phone Number

Return Form To:

## THIS SECTION TO BE COMPLETED BY EMPLOYER

Please use **GROSS** amounts and do not leave any sections blank; enter zero "0" or "N/A."

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed:  Yes  No Date First Employed: \_\_\_\_\_ Last Date of Employment: \_\_\_\_\_

Current Gross Wages/Salary: \$ \_\_\_\_\_ (check one below) Average # of regular hours per week: \_\_\_\_\_

hourly  weekly  bi-weekly  monthly  semi-monthly  yearly  other: \_\_\_\_\_

Year-to-date gross earnings: \$ \_\_\_\_\_ from \_\_\_\_\_ (mm-dd-yy) through \_\_\_\_\_ (mm-dd-yy) # of Pay Periods included in YTD \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (check one below) Included in Y-T-D figure above?  Yes  No

hourly  weekly  bi-weekly  monthly  semi-monthly  yearly  other: \_\_\_\_\_

List any anticipated increase in the employee's rate of pay within the next 12 months: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Does the employee participate in a 401(k) Retirement account?  Yes  No Can employee access the account?  Yes  No

If the employee work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional Remarks: \_\_\_\_\_  
\_\_\_\_\_

Employer's Signature

Employer's Printed Name and Title

Date

Employer (Company) Name

E-mail Address

Phone #

Fax #

NOTE: 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 United States as to any matter within its jurisdiction.

# EMPLOYMENT VERIFICATION

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

*This form must be mailed or faxed to the resident's employer by on-site personnel.  
The resident cannot "hand carry" this form to his/her employer.*

TO: (Name & address of employer)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1<sup>st</sup> Request \_\_\_\_\_  
 2<sup>nd</sup> Request \_\_\_\_\_  
 3<sup>rd</sup> Request \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Attn: \_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Resident Name Social Security Number Unit # (if assigned)

*I hereby authorize release of my employment information.*

Signature of Applicant/Resident

Date

The individual named above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Management Agent

Phone Number

Return Form To:

## THIS SECTION TO BE COMPLETED BY EMPLOYER

Please use GROSS amounts and do not leave any sections blank; enter zero "0" or "N/A."

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed:  Yes Date First Employed: \_\_\_\_\_  No Last Date of Employment: \_\_\_\_\_

Current Gross Wages/Salary: \$ \_\_\_\_\_ (check one below) Average # of regular hours per week: \_\_\_\_\_

hourly  weekly  bi-weekly  monthly  semi-monthly  yearly  other: \_\_\_\_\_

Year-to-date gross earnings: \$ \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_ # of Pay Periods included in YTD \_\_\_\_\_  
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (check one below) Included in Y-T-D figure above?  Yes  No

hourly  weekly  bi-weekly  monthly  semi-monthly  yearly  other: \_\_\_\_\_

List any anticipated increase in the employee's rate of pay within the next 12 months: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Does the employee participate in a 401(k) Retirement account?  Yes  No Can employee access the account?  Yes  No

If the employee work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

Employer's Signature

Employer's Printed Name and Title

Date

Employer (Company) Name

E-mail Address

Phone #

Fax #

NOTE: 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 United States as to any matter within its jurisdiction.

NO INCOME STATEMENT

**THIS FORM MUST BE NOTARIZED, IF NOT SIGNED IN THE PRESENCE OF A HOUSING EMPLOYEE.**

I certify that I am not receiving income from any source.  
I am not employed through any public or private employer.  
I am not receiving any type of unemployment compensation benefits.  
I am not receiving any type of benefits, such as TANF, General Assistance, Social Security, etc.  
I am not receiving any pension, retirement, or annuity benefits.  
I am not receiving any income from odd jobs, such as babysitting, etc.

I understand that I must report any changes in my income.

\_\_\_\_\_  
Signature of Tenant/Person who is over 18 years old Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Other Adult Member (with no income) Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Other Adult Member (with no income) Date \_\_\_\_\_

\_\_\_\_\_  
FBHA Employee and Title Date \_\_\_\_\_

**OR**

Subscribed and sworn before me a Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\*\*\*\*\*

**SELF-EMPLOYMENT STATEMENT**

I certify that I am self-employed as \_\_\_\_\_ and I receive \$ \_\_\_\_\_ per month / year.

\_\_\_\_\_  
Signature of Tenant/Homebuyer Date \_\_\_\_\_

\_\_\_\_\_  
FBHA Employee and title Date \_\_\_\_\_

**OR**

Subscribed and sworn to before me a Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

NO INCOME STATEMENT

**THIS FORM MUST BE NOTARIZED, IF NOT SIGNED IN THE PRESENCE OF A HOUSING EMPLOYEE.**

I certify that I am not receiving income from any source.

I am not employed through any public or private employer.

I am not receiving any type of unemployment compensation benefits.

I am not receiving any type of benefits, such as TANF, General Assistance, Social Security, etc.

I am not receiving any pension, retirement, or annuity benefits.

I am not receiving any income from odd jobs, such as babysitting, etc.

I understand that I must report any changes in my income.

\_\_\_\_\_  
Signature of Tenant/Person who is over 18 years old

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Member (with no income)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Member (with no income)

\_\_\_\_\_  
Date

\_\_\_\_\_  
FBHA Employee and Title

\_\_\_\_\_  
Date

**OR**

Subscribed and sworn before me a Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\*\*\*\*\*

SELF-EMPLOYMENT STATEMENT

I certify that I am self-employed as \_\_\_\_\_ and I receive \$ \_\_\_\_\_ per month / year.

\_\_\_\_\_  
Signature of Tenant/Homebuyer

\_\_\_\_\_  
Date

\_\_\_\_\_  
FBHA Employee and title

\_\_\_\_\_  
Date

**OR**

Subscribed and sworn to before me a Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

# VAWA LEASE ADDENDUM

## VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2013

TENANT	LANDLORD	UNIT NO. & ADDRESS
--------	----------	--------------------

This Lease Addendum adds the following paragraphs to the Lease between the above-referenced Tenant and Landlord.

### 1. Purpose of the Addendum

The Lease for the above referenced unit is being amended to include the provisions of the Violence Against Women Reauthorization Act of 2013 (VAWA).

### 2. Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

### 3. Effective Date; Term of the Lease Addendum

The effective date of this Lease Addendum is \_\_\_\_\_. This Lease Addendum shall continue to be in effect until the Lease is terminated.

### 4. VAWA Protections

- A. The Landlord may not consider incidents of domestic violence, dating violence, sexual assault or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
- B. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an affiliated individual of the tenant is the victim or threatened victim of that abuse.
- C. The Landlord may request in writing that the victim or an affiliated individual of the tenant certify that the individual is a victim of abuse and that the tenant complete and submit documentation of abuse, using the Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking (Form HUD-5382), or other documentation as noted on the certification form, to receive protection under the VAWA. Failure to provide the documentation within 14 business days of request, or an agreed upon extension date, may result in eviction.
- D. Any information submitted to the Landlord will be kept confidential and will not be disclosed to any other individual or entity except if disclosure is consented to by the victim, is required for an eviction or is otherwise required by law.

\_\_\_\_\_  
Tenant (head of household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date



# VAWA LEASE ADDENDUM

## VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2013

TENANT	LANDLORD	UNIT NO. & ADDRESS
--------	----------	--------------------

This Lease Addendum adds the following paragraphs to the Lease between the above-referenced Tenant and Landlord.

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- B. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an affiliated individual of the tenant is the victim or threatened victim of that abuse.
- C. The Landlord may request in writing that the victim or an affiliated individual of the tenant certify that the individual is a victim of abuse and that the tenant complete and submit documentation of abuse, using the Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking (Form HUD-5382), or other documentation as noted on the certification form, to receive protection under the VAWA. Failure to provide the documentation within 14 business days of request, or an agreed upon extension date, may result in eviction.
- D. Any information submitted to the Landlord will be kept confidential and will not be disclosed to any other individual or entity except if disclosure is consented to by the victim, is required for an eviction or is otherwise required by law.

\_\_\_\_\_  
Tenant (head of household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date

**STATE DISBURSEMENT UNIT CHILD SUPPORT and/or ALIMONY VERIFICATION**

(Completed by State Disbursement Unit)  
Housing Credit Program

9/04

**FAX TO: 701-328-5425**  
State Disbursement Unit  
PO Box 7280  
Bismarck, ND 58507-7280

Date \_\_\_\_\_  
Applicant \_\_\_\_\_  
Social Security # \_\_\_\_\_  
(Mandatory)

**TO BE COMPLETED BY PROJECT MANAGER**

The person listed above has indicated that he or she is court ordered child support and/or alimony/spousal support. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

\_\_\_\_\_ Project Management Agent

**TO BE COMPLETED BY APPLICANT**

I hereby authorize the above named management agent to make inquiries regarding my court ordered child support and/or alimony/spousal support for the purpose of determining my eligibility for occupancy.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY STATE DISBURSEMENT UNIT**

This will certify that the above named person receives \$ \_\_\_\_\_ per \_\_\_\_\_ in child support and \$ \_\_\_\_\_ per \_\_\_\_\_ in alimony/spousal support. (A copy of the account ledger may be substituted.)

Signature and Title of Official: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY PROJECT MANAGER**

PLEASE RETURN TO:

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## PER CAPITA INCOME VERIFICATION

Source Name: \_\_\_\_\_

Head of Household: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Unit #: \_\_\_\_\_

Phone: \_\_\_\_\_

RE: \_\_\_\_\_

Fax: \_\_\_\_\_

SS#: \_\_\_\_\_

**Authorization by applicant / tenant to release information:**

I hereby authorize the release of my income information for the purpose of determining my eligibility or continued eligibility in the Section 42 Housing Program.

Applicant / Tenant Signature \_\_\_\_\_

Date \_\_\_\_\_

The individual named directly above is an applicant / tenant of a housing program that requires the verification of income. The information provided on this form will remain confidential to that stated purpose only.

Apartment Management / Owner's Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

**UPON COMPLETION, PLEASE RETURN FORM TO**

### THIS SECTION TO BE COMPLETED BY THE SOURCE LISTED ABOVE

Check the type(s) of income paid to the above referenced household member and fill in the GROSS amount and frequency of payments.

Type of Income Paid (Check all that apply)	GROSS Amount	Frequency of Payments
<input type="checkbox"/> Gaming/Casino Per Capita	\$ _____	_____
<input type="checkbox"/> Other Per Capita _____ (Please Describe)	\$ _____	_____
<input type="checkbox"/> Farming/Grazing	\$ _____	_____
<input type="checkbox"/> Oil/Gas Royalties	\$ _____	_____
<input type="checkbox"/> Other: _____ (Please Describe)	\$ _____	_____

Do you anticipate any changes in the amount paid or frequency of payments in the next 12 months?  Yes  No

If yes, please describe: \_\_\_\_\_

Please list any bonuses received: \$ \_\_\_\_\_ Recurring OR One-time Lump Sum

Are bonuses included in the annual income listed above? Yes OR No

**NOTE:** 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 United States as to any matter within its jurisdiction.

Name of person supplying information: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PER CAPITA INCOME VERIFICATION

Source Name: \_\_\_\_\_ Head of Household: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 Phone: \_\_\_\_\_ RE: \_\_\_\_\_  
 Fax: \_\_\_\_\_ SS#: \_\_\_\_\_

**Authorization by applicant / tenant to release information:**

I hereby authorize the release of my income information for the purpose of determining my eligibility or continued eligibility in the Section 42 Housing Program.

Applicant / Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

The individual named directly above is an applicant / tenant of a housing program that requires the verification of income. The information provided on this form will remain confidential to that stated purpose only.

Apartment Management / Owner's Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

### UPON COMPLETION, PLEASE RETURN FORM TO

### THIS SECTION TO BE COMPLETED BY THE SOURCE LISTED ABOVE

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Do you anticipate any changes in the amount paid or frequency of payments in the next 12 months?  Yes  No

If yes, please describe: \_\_\_\_\_

Please list any bonuses received: \$ \_\_\_\_\_ Recurring OR One-time Lump Sum

Are bonuses included in the annual income listed above? Yes OR No

**NOTE:** 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 United States as to any matter within its jurisdiction.

Name of person supplying information: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Instructions for Using this Form**

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child, you may complete this form to release only the minor's non-medical records. We may charge a fee for providing information unrelated to the administration of a program under the Social Security Act.

**NOTE:** Do not use this form to:

- Request the release of medical records on behalf of a minor child. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or
- Request detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at [www.ssa.gov/online/ssa-7050.pdf](http://www.ssa.gov/online/ssa-7050.pdf).

**How to Complete this Form**

We will not honor this form unless all required fields are completed. An asterisk (\*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form. We may charge a fee to release information for non-program purposes.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the requested information pertains.
- Fill in the name and address of the person or organization where you want us to send the requested information.
- Specify the reason you want us to release the information.
- Check the box next to the type(s) of information you want us to release including the date ranges, where applicable.
- For non-medical information, you, the parent or the legal guardian acting on behalf of a minor child or legally incompetent adult, must sign and date this form and provide a daytime phone number.
- If you are not the individual to whom the requested information pertains, state your relationship to that person. We may require proof of relationship.

**PRIVACY ACT STATEMENT**

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. We will use the information you provide to respond to your request for access to the records we maintain about you or to process your request to release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent. We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, the Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide on this form in accordance with approved routine uses, which include but are not limited to the following:

1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and or coverage;
2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. We use information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or overpayments under these programs. Additional information regarding this form, routine uses of information, and other Social Security programs is available on our Internet website, [www.socialsecurity.gov](http://www.socialsecurity.gov), or at your local Social Security office.

**PAPERWORK REDUCTION ACT STATEMENT**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

### Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (\*Signifies a required field. \*\*Please complete these fields in case we need to contact you about the consent form).

TO: Social Security Administration

**\*My Full Name** \_\_\_\_\_

**\*My Date of Birth**  
(MM/DD/YYYY) \_\_\_\_\_

**\*My Social Security Number** \_\_\_\_\_

I authorize the Social Security Administration to release information or records about me to:

**\*NAME OF PERSON OR ORGANIZATION:** \_\_\_\_\_

**\*ADDRESS OF PERSON OR ORGANIZATION:** \_\_\_\_\_

**\*I want this information released because:** \_\_\_\_\_

We may charge a fee to release information for non-program purposes.

**\*Please release the following information selected from the list below:**

Check at least one box. We will not disclose records unless you include date ranges where applicable.

- 1.  Verification of Social Security Number
- 2.  Current monthly Social Security benefit amount
- 3.  Current monthly Supplemental Security Income payment amount
- 4.  My benefit or payment amounts from date \_\_\_\_\_ to date \_\_\_\_\_
- 5.  My Medicare entitlement from date \_\_\_\_\_ to date \_\_\_\_\_
- 6.  Medical records from my claims folder(s) from date \_\_\_\_\_ to date \_\_\_\_\_  
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
- 7.  Complete medical records from my claims folder(s)
- 8.  Other record(s) from my file (We will not honor a request for "any and all records" or "the entire file." You must specify other records; e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.)

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

**\*Signature:** \_\_\_\_\_

**\*Date:** \_\_\_\_\_

**\*\*Address:** \_\_\_\_\_

**\*\*Daytime Phone:** \_\_\_\_\_

**Relationship (if not the subject of the record):** \_\_\_\_\_

**\*\*Daytime Phone:** \_\_\_\_\_

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address(Number and street, City, State, and Zip Code)	Address(Number and street, City, State, and Zip Code)

**PUBLIC ASSISTANCE VERIFICATION**  
 Low Income Tax Credit Program

10/12

Property Name: \_\_\_\_\_

Unit: \_\_\_\_\_

1<sup>st</sup> Request \_\_\_\_\_

Re: \_\_\_\_\_

2<sup>nd</sup> Request \_\_\_\_\_

3<sup>rd</sup> Request \_\_\_\_\_

Social Security Number#: \_\_\_\_\_

Fax Number \_\_\_\_\_

Attn: \_\_\_\_\_

I hereby authorize the release of requested information.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY CASEWORKER**

Number in Household:
----------------------

	Monthly Amount
Temporary Assistance for Needy Families:	
GAU:	
Food Stamps:	
State SSI:	
Other Assistance – Type:	
Other Income – Source:	
Comments:	

Signature		Title
Printed Name	Phone Number	Date

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Name \_\_\_\_\_

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_

Thank you for your prompt response. All information is confidential.  
Please contact \_\_\_\_\_  
at ( ) \_\_\_\_\_ if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature \_\_\_\_\_

Date \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY SUPPORT ENFORCEMENT AGENCY

I hereby certify that \$ \_\_\_\_\_ per \_\_\_\_\_ week \_\_\_\_\_ month other \_\_\_\_\_ is court ordered to be paid for the support of:

\_\_\_\_\_  
Name(s) of person/child(ren) for whom support is paid

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does this person receive the full amount of the award? YES  NO

If NO, has every reasonable effort been made by the applicant to collect any amount which may be due, including, but not limited to, filing with the appropriate courts or agencies responsible for the enforcement of any payments?

YES  NO  Total amount received during the last 12 months: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print your name: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONTENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).



TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Name \_\_\_\_\_

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_

Thank you for your prompt response. All information is confidential.  
Please contact \_\_\_\_\_  
at ( ) \_\_\_\_\_ if you have any questions.

**PERMISSION FOR RELEASE OF INFORMATION**

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.  
Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.  
There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION**

*Please provide information for all accounts.*

**SAVINGS ACCOUNT:**

Acct #: \_\_\_\_\_  
Current Balance \$ \_\_\_\_\_  
Current % Rate \_\_\_\_\_  
Is this a joint account?  No /  No but is POD  
 Yes, held jointly with \_\_\_\_\_

**SAVINGS ACCOUNT:**

Acct # \_\_\_\_\_  
Current Balance \$ \_\_\_\_\_  
Current % Rate \_\_\_\_\_  
Is this a joint account?  No /  No but is POD  
 Yes, held jointly with \_\_\_\_\_

**CHECKING ACCOUNT:**

Average Balance for the Past Six Months: \$ \_\_\_\_\_  
Rate of Interest: \_\_\_\_\_ %  
Is this a joint account?  No /  No but is POD /  Yes, held jointly with \_\_\_\_\_

List all other asset accounts below (Certificates of Deposit, Money Market Funds, Trust, IRA's, etc.)

Account Number	Balance	Type of Account	Rate of Interest	Cash Value*
_____	\$ _____	_____	_____ %	\$ _____
_____	\$ _____	_____	_____ %	\$ _____
_____	\$ _____	_____	_____ %	\$ _____

Are any of these accounts held jointly?  No /  No but is/are POD  
 Yes, \_\_\_\_\_ (identify which account(s)) is/are held jointly with \_\_\_\_\_

**\* CASH VALUE IS THE BALANCE MINUS ANY PENALTIES FOR EARLY WITHDRAWAL**

Signature: \_\_\_\_\_  
Print your name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Tel. #: \_\_\_\_\_  
Email: \_\_\_\_\_

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 FROM: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RE: \_\_\_\_\_  
 Name \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

Thank you for your prompt response. All information is confidential.  
 Please contact \_\_\_\_\_  
 at ( ) \_\_\_\_\_ if you have any questions.

**PERMISSION FOR RELEASE OF INFORMATION**

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.  
 Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION**

*Please provide information for all accounts.*

SAVINGS ACCOUNT:		SAVINGS ACCOUNT:	
Acct #:	_____	Acct #	_____
Current Balance	\$ _____	Current Balance	\$ _____
Current % Rate	_____	Current % Rate	_____
Is this a joint account?	<input type="checkbox"/> No / <input type="checkbox"/> No but is POD	Is this a joint account?	<input type="checkbox"/> No / <input type="checkbox"/> No but is POD
<input type="checkbox"/> Yes, held jointly with	_____	<input type="checkbox"/> Yes, held jointly with	_____

CHECKING ACCOUNT:  
 Average Balance for the Past Six Months: \$ \_\_\_\_\_  
 Rate of Interest: \_\_\_\_\_ %  
 Is this a joint account?  No /  No but is POD /  Yes, held jointly with \_\_\_\_\_

List all other asset accounts below (Certificates of Deposit, Money Market Funds, Trust, IRA's, etc.)

Account Number	Balance	Type of Account	Rate of Interest	Cash Value*
_____	\$ _____	_____	_____ %	\$ _____
_____	\$ _____	_____	_____ %	\$ _____
_____	\$ _____	_____	_____ %	\$ _____

Are any of these accounts held jointly?  No /  No but is/are POD  
 Yes, \_\_\_\_\_ (identify which account(s)) is/are held jointly with \_\_\_\_\_

\* CASH VALUE IS THE BALANCE MINUS ANY PENALTIES FOR EARLY WITHDRAWAL

Signature: \_\_\_\_\_  
 Print your name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_  
 Tel. #: \_\_\_\_\_  
 Email: \_\_\_\_\_