APPLICATION FOR ADMISSION 2026

HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM
Montrose County Housing Authority

Any individual with a disability or other medical need who needs accommodation with respect to this correspondence should inform the Housing Authority office.

Limited English Proficiency:
Do you require oral and/or written information in any language other than English?☐Yes ☐ No
If yes, please contact office for assistance. If no, continue.

Instructions for Completing Form:
This form must be completed in ink, in **your own handwriting. Use the legal name for each person who will reside in the rental unit *exactly as it appears on his/her social security card.*** Do not leave any section blank. Write the word "NONE" if the information does not apply. **All adult members in the household must sign this application certifying the information pertaining to them is correct. Any required information not received by the Housing Authority within 10 business days of the date of this application will result in denial of the application.**

For Office Use Only
Applicants DO NOT write in this section.
Date and Time Received Initial
Date and Time Received Complete
Received By:

APPLICANT HEAD OF HOUSEHOLD INFORMATION

Applicant Name_____

Mailing Address: _____City, _____State, _____Zip_____

Physical Address Where you currently reside _____

HOME PHONE_____WORK PHONE_____CELL PHONE_____

EMAIL ADDRESS_____

Is any member a veteran ☐ **Yes** ☐ **No** If Yes, Name _____

Are you seeking housing due to a Presidentially Declared Disaster ☐**Yes** ☐**No**

Current Housing circumstances (check all that apply):☐ Lack a fixed nighttime residence ☐Fleeing/Attempting to Flee Violence ☐Not Displaced ☐ Displaced by government Action (through no fault of your own)

Is any person listed on this application currently (within the last 60 days) a victim of domestic violence, dating violence, sexual assault, or stalking?
☐**Yes** ☐**No** If yes, who? _____

Has any household member lived in public housing or participated in the Section 8 Housing Choice Voucher Program after reaching the age of 18? ☐**Yes** ☐**No**
If yes, under what name(s)? _____
List information about each Housing Agency where any family member has lived or received assistance.

Has any household member been evicted from federally assisted housing in the past 3 years?
☐**Yes** ☐**No** If yes, who?_____
Where and why?_____

Is any household member's legal name different from the name used on his/her Social Security card?
☐ **Yes** ☐**No** If yes, who? _____

Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one currently being used?
☐ **Yes** ☐ **No** If yes, explain: _____

Please list all states in which any household member has lived or held licenses to drive:

Household Member Name	State(s)

ADDITIONAL HOUSEHOLD COMPOSITION INFORMATION

Is any household member over age 18 (other than the head of household, spouse of the head of household, or co-head) a full-time student or a student of higher education? ☐ **Yes** ☐ **No**
If yes, list name and school they attend: _____

Is the spouse of the head of household temporarily absent from the home? ☐**Yes** ☐**No**

If yes, where is he/she? _____
When will he/she return? _____
Does absent spouse have income? ☐ **Yes** ☐ **No**
If yes, list his/her income below:

a. $_____Source: _____
b. $_____Source: _____

Does anyone in your household require any special accommodation due to a handicap or disability?
☐ **Yes** ☐**No** If yes, list requirements: _____

Does any elderly or disabled family member require a Live-in-Aide? ☐ **Yes** ☐ **No**

If a Social Security number is not provided for any <u>adult</u> household member, check the reason below:

_____ (name of household member) is an ineligible non-citizen.

_____ (name of household member) has not been assigned a Social Security number, was receiving HUD housing assistance on January 31, 2010, and was 62 or older as of January 31, 2010.

If a Social Security number is not provided for any <u>minor</u>, check the reason below:

_____ (name of household member) is an ineligible non-citizen.

_____ (name of household member) has not been issued a Social Security number. I/We understand that if this application is approved, we will not receive a voucher until a Social Security number has been provided to the Housing Authority.

HOUSEHOLD COMPOSITION

LIST BELOW ALL PERSONS WHO WILL RESIDE IN THE RENTAL UNIT. Starting with the Head of Household, list **all** members of the household. **Use the correct legal name for each member as it appears on his/her Social Security Card.**

***Please note: No applicant for housing assistance will be discriminated against because of a disability. Applicants are not required to disclose a disability. However, benefits for which persons with disabilities are eligible cannot be provided unless disability status is disclosed.**

Full Name Exactly as it appears on Social Security Card	Relationship to Head of Household	SEX M=Male F=Female D=Decline to Disclose	Race	Ethnicity	DATE OF BIRTH	Claiming Disabled Status? Yes/No	SOCIAL SECURITY NUMBER
Last: First: MI:	Head		☐ White ☐ Black ☐ Asian ☐American Indian or Alaskan Native ☐Native Hawaiian/Other	☐Hispanic/Latino ☐Not Hispanic/Latino			
Last: First: MI:	Spouse or Cohead		☐ White ☐ Black ☐ Asian ☐American Indian or Alaskan Native ☐Native Hawaiian/Other	☐Hispanic/Latino ☐Not Hispanic/Latino			
Last: First: MI:			☐ White ☐ Black ☐ Asian ☐American Indian or Alaskan Native ☐Native Hawaiian/Other	☐Hispanic/Latino ☐Not Hispanic/Latino			
Last: First: MI:			☐ White ☐ Black ☐ Asian ☐American Indian or Alaskan Native ☐Native Hawaiian/Other	☐Hispanic/Latino ☐Not Hispanic/Latino			
Last: First: MI:			☐ White ☐ Black ☐ Asian ☐American Indian or Alaskan Native ☐Native Hawaiian/Other	☐Hispanic/Latino ☐Not Hispanic/Latino			
Last: First: MI:			☐ White ☐ Black ☐ Asian ☐American Indian or Alaskan Native ☐Native Hawaiian/Other	☐Hispanic/Latino ☐Not Hispanic/Latino			
Last: First: MI:			☐ White ☐ Black ☐ Asian ☐American Indian or Alaskan Native ☐Native Hawaiian/Other	☐Hispanic/Latino ☐Not Hispanic/Latino			
Last: First: MI:			☐ White ☐ Black ☐ Asian ☐American Indian or Alaskan Native ☐Native Hawaiian/Other	☐Hispanic/Latino ☐Not Hispanic/Latino			
Last: First: MI:			☐White ☐ Black ☐ Asian ☐American Indian or Alaskan Native ☐Native Hawaiian/Other	☐Hispanic/Latino ☐Not Hispanic/Latino			
Last: First: MI:			☐ White ☐ Black ☐ Asian ☐American Indian or Alaskan Native ☐Native Hawaiian/Other	☐Hispanic/Latino ☐Not Hispanic/Latino			

Use the following codes to describe each adult member's relationship to the head of household: **A**=Adult who is not a full-time student, **F**= Foster Adult, **E**= Full time student aged 18 or older who is not the Head, Spouse or Cohead, **L**= Live-in-Aide (if required by an elderly/disabled applicant).

Use the following codes to describe each minor's relationship to the head of household: **Y** = Youth, **F** = Foster Child, **L** = Child of Live-in-Aide

CRIMINAL ACTIVITY

A. Has any household member been arrested, charged, or convicted for any of the following?

1. Violent criminal activity ☐**Yes** ☐**No**
If yes, give details_____

2. Domestic Violence, dating violence, sexual assault, or stalking ☐**Yes** ☐**No**
If yes, give details_____

3. Alcohol related activity ☐**Yes** ☐**No**
If yes, give details_____

4. Manufacture of methamphetamines ☐**Yes** ☐**No**
If yes, give details_____

5. Possession, use, sale, or distribution of illegal drugs ☐**Yes** ☐**No**
If yes, give deails_____

B. If required to report, list name and telephone number of probation/parole officer.
Name_____Phone_____

C. Has any household member participated in drug rehabilitation during the past 12 Months?
☐**Yes** ☐**No**If yes, explain_____

D. Is any household member required to register in any state as a Sex Offender? ☐**Yes** ☐**No**
If yes, list name(s) and state(s)_____

INCOME AVAILABLE TO HOUSEHOLD

Does anyone outside the household help with bills on a regular basis? ☐**Yes** ☐**No**
If yes, list name of each person or agency that assists with bills or contributes to your household and the type and amount of assistance they provide.

A: _____

B: _____

C: _____

Is any household member aged 18 or older participating in a job training program? ☐**Yes** ☐**No**

If yes, list name and name of job training program_____

Has anyone in your household applied for benefits that are in the process of being approved?
☐**Yes** ☐**No** If yes, explain: _____

All families must be income-eligible to receive housing assistance. List gross amounts of income received before any deductions are withheld. Check box to indicate if paid hourly, weekly, bi-weekly, or monthly.

Include all income received by all members of the household.

Type of Income	Yes	No	Name of Family Member with this income	Company, Agency, or Individual Making Payment	Gross Income	Payment Period			
						Hr.	Wk.	Bi.wk.	Mo.
Wages or Earnings									
Self-Employment Earnings									
Child Support*									
Spousal Support (alimony)*									
TANF									
SSI or SSDI									
Social Security									
Pension or Retirement									
Unemployment Benefits									
Worker's Compensation									
Military Income									
Veteran's Benefits									
Temporary/Seasonal Work									
Student Financial Assistance,(Grants, Scholarships, Work Study, Etc.)									
Lump Sum Payments									
Regular Contributions or Gifts from Someone Outside the Household									
Other (List)									

If child support or spousal support has been awarded, but is not being received, please explain:

_____

_____

_____

Assets:

Do you own a home? ☐**Yes** ☐**No** If yes, what is its present value? $ _____
What will you do with the house if you receive housing assistance? _____

Have you sold or given away any asset (including a house or land) in the past two years? ☐**Yes** ☐**No**
Date: _____ If yes, what was its market value? $_____
How much did you receive? $_____

Check yes or no for each type of asset owned by any family member and list its value and amount of income generated by the asset.

Type of Asset	Owned By:	Value	Income Generated by Asset per year
Checking Accounts ☐ YES ☐ NO			
Savings Accounts ☐ YES ☐ NO			
Certificates of Deposit ☐ YES ☐ NO			
Real Estate (house, land) ☐ YES ☐ NO			
Stocks ☐ YES ☐ NO			
Bonds ☐ YES ☐ NO			
Retirement or Pension Fund ☐ YES ☐ NO			
Insurance Settlements ☐ YES ☐ NO			
Cash, Silver, Gold, Bitcoin, etc.... over $500.00			
Trusts ☐ YES ☐ NO			
Other (list)			

CHILDCARE EXPENSES

Do you pay for childcare for children aged 12 or younger while you work, attend school, or seek employment? ☐**Yes** ☐**No**
Please list the full name, address and telephone number of the childcare provider: _____
_____

How much do you pay per month? $_____ Is any portion reimbursed? ☐**Yes** ☐**No**
Amount Reimbursed $_____

MEDICAL AND DISABILITY EXPENSES

List all medical expenses the family anticipates paying during the next 12 months that will not be reimbursed by insurance or another outside source. Do not include life or burial insurance premiums. (Complete only if the Head of Household or Spouse is disabled or is 62 years of age or older.

Type of Expense	Amount	Type of Expense	Amount
Medical Insurance(s)		*Doctor's Visit(s)*	
Prescription Medicine(s)			

Do you pay for attendant care or an auxiliary apparatus for any disabled household member in order for him/her or any other adult family member to work? ☐**Yes** ☐**No.** If yes, explain: _____
_____

REQUIRED SUPPLEMENTS TO APPLICATON

The following documents must be executed along with this application form for the application to be considered complete:

a. 214 Citizenship Declaration for each family member
b. Form HUD-92006, Emergency Contact Form
c. HUD Privacy Act / Release of information (form HUD-9886) for Housing Choice Voucher Program
d. Release for Criminal History Background Check for each adult household member
e. Preference(s) claim sheet (if applicable)
f. Form HUD-52675, "Debts Owed to PHAs" signed by each adult household member.
g. HUD—What You Should Know About EIV
h. MCHA—Authorization for Release of Information

WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States Government. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777.

All family members aged 18 or older must certify to the accuracy of the information provided and sign this declaration.

- I/We certify that the information provided in this application is accurate and complete to the best of my/our knowledge and belief.
- I/We understand that providing false statements or information is punishable under Federal Law and constitutes grounds for denial of my/our application as well as termination of housing assistance after leasing under the Section 8 program.
- I/We understand that all information provided in this application and required supplements and during the intake interview is subject to verification.
- I/We further understand that ALL changes to information provided in this application must be reported in writing to the Montrose County Housing Authority, within ten days of such change for this application to remain valid.

By my/our signature(s) below, I / We do hereby swear and attest that all information is true and correct. (Application must be signed by all adults who will live in the rental unit.)

X _____ X _____
Signature of Head of Household Date Signature of Spouse or Cohead Date

X_____ X_____
Signature of Other Adult Family Member Date Signature of Other Adult Family Member Date

X_____ X_____
Signature of Other Adult Family Member Date Signature of Other Adult Family Member Date

Montrose County Housing Authority also manages a waiting list for Project Based Voucher (PBV) rental assistance at Rendezvous. **Your application may also be added to this waitlist by checking the box and signing below.**

Rendezvous is a 55+ apartment complex/community located at 2366 Robins Way, Montrose, Colorado.

Rendezvous is a 55+ apartment complex/community located at 2366 Robins Way, Montrose, Colorado. In order to qualify, applicants must be eligible for a 1-bedroom subsidy, age 55 or over, and meet the Extremely Low -Income threshold (30% of Area Median Income). Applicants will be selected from the waiting list in the order they are received and referred to Volunteers of America Colorado Branch for tenant selection as units become available. Volunteers of America Colorado Branch has the responsibility to screen and select tenants; MCHA will not conduct screening to determine a PBV applicant family's suitability for tenancy.

☐ I am age 55 or over and believe that I meet the Extremely Low-Income threshold. I would like my application to be added to the Rendezvous Project Based Voucher Waitlist as well as the Housing Choice Voucher Tenant Based Voucher Waitlist.

_____ _____

Head of Household Signature Date

PREFERENCE CLAIM SHEET

I/We are claiming the following preferences:

☐ **Homeless:**

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including a car, park, abandoned building, bus or train station, airport, campground, etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels, and motels paid for by charitable organizations or by government programs),
- Exiting an institution where they resided for less than 90 days; and were residing in an emergency shelter or place not meant for human habitation immediately prior to entering the institution.

Acceptable forms of verification:

- *Letter from a public or private facility providing shelter to a family,*
- *Letter from local police or*
- *Letter from social service agency.*

If you are unable to obtain verification of homelessness, please call MCHA staff to discuss your situation.

☐ **Elderly:**

- Head of Household, Spouse, or Co-head is over the age of 62.

Acceptable forms of verification:

- *State issued photo ID or*
- *Birth Certificate.*

☐ **Disabled:**

- Any member of household is disabled. Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.

Acceptable forms of verification:

- *Knowledgeable professional's statement or*
- *disability income (SSI award letter).*

_____ _____

Signature of Head of Household *Date*

Communications Page

☐ Mark this box if you read or speak English.

☐ Marque esta casilla si lee o habla Español.

Alternate Communications Needs

☐ I do not require any alternate means of communication.

☐ I require that all written information be:

- ☐ In large print
- ☐ Presented Orally
- ☐ In another format (explain specific need):

_____

_____

_____

☐ I require that all oral information be presented to me:

- ☐ In writing
- ☐ Through a telephone relay service
- ☐ In another format (explain):

_____

_____

_____

_____ Signature

_____ Date

*No applicant for the Housing Choice Voucher Program will be discriminated against because of age, race, color, sex, religion, familial status, marital status, gender identity, sexual orientation, or disability.

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

The Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice:***
MONTROSE COUNTY HOUSING AUTH. 222 HAP COURT OLATHE, CO 81425	
970-323-5445	**Signature** **Date**
	Printed Name:

OMB No. 2577-0266 Expires 06/30/2026

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?
The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is ***FRAUD and a CRIME.***

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to $10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and request** correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772–1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third-party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: http://www.ftc.gov). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: https://www.hud.gov/program_offices/public_indian_housing/programs/ph/eiv

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

_____

Signature **Date**

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. ***Remember, you may receive rental assistance at only <u>one</u> home!***

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 *(Federal Privacy Act Notice and Authorization for Release of Information)* or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

<u>Note:</u> If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

DECLARATION OF CITIZENSHIP

Tenant ID

July 30, 2025

PLEASE COMPLETE THIS FORM AND RETURN TO: MONTROSE COUNTY HOUSING AUTH.
222 HAP COURT
OLATHE, CO 81425

Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.		I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X
			☐	or	☐	X

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to $10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

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Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

(1) Form I-551, Alien Registration Receipt Card
(2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
(3) Form I-688, Temporary Resident Card
(4) Form I-688B, Employment Authorization Card
(5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call at to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
			X	
			X	
			X	
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

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Criminal Background Check Release Form

The Montrose County Housing Authority (MCHA) requires all applicants or participants (Head of Household and listed household members) 18 and older to submit to a criminal background screening. The background screening may be conducted prior to admission, at any recertification, prior to moves, or at any time relating to any alleged criminal violation for the purposes of determining your initial or continuing eligibility. MCHA will exercise all rights according to HUD guidelines to deny, terminate, and/or evict any applicant or participant who fails the background screening according to MCHA policies and procedures. Federal law also requires you to cooperate by supplying information regarding the criminal activity of any adult members of your household. False answers and/or failure to list all arrests, convictions or pending criminal charges are cause for disqualification, termination, and/or eviction from MCHA's programs.

*****Warning: 18 U.S.C. 1001 provides that any individual who, knowingly and willfully falsifies, conceals, or covers up a material fact, or; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry shall be fined no more than $10,000 or imprisoned for not more than five years, or both.**

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/_____ SS#: ____/____/_____ DL or ID #: _____

1. Have you ever been evicted or terminated from Public Housing and/or a subsidized housing program? ☐Yes ☐ No

   Please describe each instance here: (Use additional pages if necessary).

Housing Authority Name and Location	Reason for Termination and/or Eviction

2. Do you currently use illegal drugs or abuse Alcohol? ☐Yes ☐ No
3. Have you ever been convicted of a drug-related crime ☐Yes ☐ No
4. Are you required to register as a sex offender in any state? ☐Yes ☐ No
5. Have you been arrested or convicted of a crime within the past 5 years? ☐Yes ☐ No

   Please list each arrest and/or conviction here (use additional pages if necessary):

Date of Offense	City/County/State	Charges	Penalty

6. Are you now charged with an unresolved crime which has not yet resulted in a plea of guilty, a court trial, or the dropping of all charges? ☐Yes ☐ No

   Please list unresolved charges below:

Date of Offense	City/ County/ State	Charges

7. Please List all states in which you have lived, or have held licenses to drive:

   _____

   _____

8. Have you ever used or been known by any other Name? ☐Yes ☐No If Yes, please list all names used:

   _____

   _____

_____I certify that the above information and answers provided are true and correct. I also understand that if any of this information is found to be false or incomplete, my application, participation, and/or lease may be terminated at any time. I authorize MCHA to verify the above information and consent to the release of criminal records and/or sex offender registration to MCHA or agencies contracted by MCHA to conduct criminal background checks to determine my eligibility.

_____ _____

Applicant's Signature Date

EQUAL HOUSING OPPORTUNITY

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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

Document ID: 14621285727

Privacy Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

MONTROSE COUNTY HOUSING AUTH.
222 HAP COURT
OLATHE, CO 81425

970-323-5445
7/30/2025

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

Authorization for the Release of Information

Tenant ID

HA requesting release of information:

MONTROSE COUNTY HOUSING AUTH.
222 HAP COURT
OLATHE, CO 81425

970-323-5445
7/30/2025

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

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 review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Social Service Agencies
- State Unemployment Agencies
- State Wage Information Collection Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies
- Internal Revenue Service

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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 _____

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 _____

Other Family Member over age 18 _____ Date _____

Document ID: 14621886027

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 this form is restricted to the purposes cited above. 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.

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