



WISE COUNTY REDEVELOPMENT AND HOUSING AUTHORITY

107 Litchfield Street, NW • P.O. BOX 630 • COEBURN, VIRGINIA 24230
Telephone: (276) 395-6104 • Fax: (276) 395-5874 • email: zbowen@wcrha.org

** Send completed Applications and Documents to the following email: info@wcrha.org

Check all that you would like to apply for:

- | | | |
|---|---|---|
| <input type="checkbox"/> Appalachian Towers (1 BR)-Appalachia | <input type="checkbox"/> John Vandiver Manor *- Coeburn | <input type="checkbox"/> Ridgeview - Appalachia |
| <input type="checkbox"/> Clinchview - St Paul | <input type="checkbox"/> Litchfield Manor - Coeburn | <input type="checkbox"/> Sheffield - Coeburn |
| <input type="checkbox"/> Commonwealth - Wise | <input type="checkbox"/> Monte Vista - Big Stone Gap | <input type="checkbox"/> Stonebriar* - St. Paul |
| | <input type="checkbox"/> Old Mill Village - Pound | <input type="checkbox"/> Section 8 - HCV |

Preferred Number of Bedrooms Requested _____ *(Age 55 and over)

Applicant _____ Maiden Name: _____
Mailing Address _____ City, State, Zip Code _____
Physical Address _____ City, State, Zip Code _____
Home Phone# _____ Message# _____
Cell Phone# _____ Email _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all members who will be living in the unit. Give the relationship of each family member to the head of household.

	MEMBER'S NAME			Relation To Head	Date of Birth	Place of Birth City/State	Male or Female	Race*	Social Security No.#
	First	M.I.	Last						
1				Head					
2									
3									
4									
5									
6									

*(W)-White, (B)-Black/African American, (AI/AN)-American Indian/Alaskan Native, (A)-Asian, (NH)-Native Hawaiian (Other) - _____

* Racial and ethnic information is for statistical purposes only.

Ethnicity of Head of Household: (Check one) _____ Hispanic or Latin _____ Not-Hispanic or Latino

A. Housing History

- Have you ever received HUD or lived in Low Income Apartments ANYWHERE in the U.S. in the past?
a. YES _____ NO _____ If yes, when & where? _____
- Applicants 62 or older as of January 31, 2010, who do not have a social security number, were you receiving HUD rental assistance at another location? YES _____ NO _____
- Are you **NOW** living in a federally subsidized housing unit YES _____ NO _____
- Have you even been evicted or required to move? YES _____ NO _____
a. If yes, when and for what reason? _____
- Are you currently paying rent? YES _____ NO _____
- List **ALL** states you have lived in (i.e VA, NC, TN, WV, KY) _____



EQUAL HOUSING OPPORTUNITY

WCRHA Personnel _____

WCRHA 06/18

6. LIST WHERE YOU LIVED (PHYSICAL ADDRESS ONLY) FOR THE LAST 3 YEARS EVEN IF YOU DID NOT RENT!!!

- a. Address: _____ Date: _____ to PRESENT
 i. Landlord / Owner: _____ Phone: _____
- b. Address: _____ Date: _____ to _____
 i. Landlord / Owner: _____ Phone: _____
- c. Address: _____ Date: _____ to _____
 i. Landlord / Owner: _____ Phone: _____

B. Separated/ Divorced

Spouse/Ex-spouse Full Name	Last Known Address (If unknown write city/state)	Divorced (Y/N)	Yr. Separated
1.			
2.			

C. Absent Parent(s)

Childs Name(s)	Absent Parent Name	Last Known Address (If unknown write city/state)	Contact w/ Parent (Y/N)
1.			
2.			

D. Student Status – Please List all family members who are attending school part-time or full-time for elementary, middle, high school, or vocational school. *OFFICIAL TRASCRIPTS WILL BE REQUIRED FOR ALL COLLEGE STUDENTS.

Student Name(s)	Part or Full Time Student	School Name & Address	Financial Aid Amount
1.			
2.			

HOUSEHOLD INCOME

E. SSI / Pension / Other Benefits

Yes / No

Do you or any household member(s) receive SOCIAL SECURITY / SSI BENEFITS?			
Do you or any household member(s) receive PENSION, RETIREMENT BENEFITS OR AN AUNNITY?			
Do you or any household member(s) receive UNEMPLOYMENT BENEFITS OR DISABILITY BENEFITS?			
Name of Household Member	Monthly/weekly amount	Name & address of Agency/ Office	

F. Employment

Yes / No

Do you or any household member(s) receive FULL/PART-TIME JOB EARNINGS OR SEVERANCE PAY?			
Do you or any household member(s) receive CASH, TIPS, OR BONUSES?			
Do you or any household member(s) receive MILITARY OR RESERVE PAY?			
Are you or any household member(s) SELF-EMPLOYED?			
Are you participating in a qualifying STATE, FEDERAL OR LOCAL EMPLOYMENT TRAINING PROGRAM?			
Name of Household Member	Monthly Gross Pay	Name & address of Agency/ Office	

G. Public Assistance Benefits

Yes / No

Do you or any household member(s) receive TANF, GENERAL RELIEF, FOODSTAMPS OR OTHER?			
Do you or any household member(s) receive ADOPTION OR FOSTER CARE PAYMENTS?			
Do you or any household member(s) receive IN-HOME CARE SUPPORTIVE SERVICES TO CARE FOR ANOTHER PERSON?			
Do you or any household member(s) receive TRANSPORTATION REIMBURSEMENT?			
Are you participating in the VIEW PROGRAM?			
Name of Household Member	Monthly Amount	Type of Benefit	

H. Child Support or Alimony Benefits(s)

Yes / No

Do you or any household member(s) have an open CHILD SUPPORT CASE WITH A COURT?				
Do you or any household member(s) receive CHILD SUPPORT OFFICE PAYMENTS?				
Do you or any household member(s) receive CHILD SUPPORT/ALIMONY DIRECTLY FROM AN ABSENT PARENT/SPOUSE?				
Does the ABSENT Parent purchase items for the child(ren) such as CLOTHING, FOOD FORMULA, DIAPERS, ETC.?				
Name of Child	Absent Parent/Spouse name and address (city/state)	Monthly Amount	Cash Value of Purchases, clothing, food, formula, etc.	

I. Contributions

Yes / No

Does anyone outside your household GIVE YOU MONEY OR PAY BILLS FOR YOU?		
Does anyone outside your household BUY YOU SUPPLIES SUCH AS GROCERIES, ETC?		
Did any organization help you PAY A BILL OR EXPENSE?		
If you answered YES , please explain:		

J. Federal Income Tax

Yes / No

Did you or any household member(s) file a FEDERAL INCOME TAX RETURN IN THE LAST 12 MONTHS?				
Did you or any household member(s) RECEIVE A W2(S) AND/OR 1099(S) INCOME FORM BUT DID NOT FILE A TAX RETURN?				
Were you or any household member(s) CLAIMED AS A DEPENDENT ON SOMEONE ELSE'S TAXES?				
Name of Household Member	Tax Year	Reason Taxes not filed	Name of Person claiming family member as dependent	

ASSETS**K. Account information**

Yes / No

Do you or any household member(s) have a SAVINGS OR CHECKING ACCOUNT?			
Do you or any household member(s) have STOCKS, BOND OR CERTIFICATE OF DEPOSIT (CD)?			
Do you or any household member(s) have a MONEY MARKET FUND/TRUST FUND?			
Do you or any household member(s) have a RETIREMENT, 401K, FEDERAL THRIFT SAVINGS PLAN, IRA OR KEOGH?			
Name of Household Member	Company/Bank Name	Type of Account	

L. Life Insurance Policies

Yes / No

Do you or any household member(s) have LIFE INSURANCE POLICES?			
Name of Household Member	Company Name	Value	

M. Property

Yes / No

Does anyone in your household own or have an interest in commercial or residential estate or mobile home?			
Has anyone in your household sold any real estate in the last 2 years?			
Name of Household Member	Type of Asset	Value	

N. Lump Sum Income

Yes / No

Do you or any member of your household receive a large sum of money from any source within the last 12 months?				
Name of Household Member	Amount	Date	Type of Income	

VEHICLES AND CREDIT CARDS

O. Vehicles being used by your household

Yes / No

Do you or any household member have a vehicle(s) registered to him/her?					
Do you or any household member(s) have use of any vehicles(s) that is not registered to him/her?					
Name of Registered Owner	Make & Model of Vehicle	Year	License Plate Number	Monthly Payment	

P. Credit Card and Loan

Yes / No

Do you or any household member(s) have a Visa, Master Card, Discover, or American Express?					
Do you or any household member(s) have department store, furniture store or jewelry store accounts?					
Do you or any household member(s) have credit union loans, bank loans, or personal loans?					
Name of Household Member	Creditor/Bank Name	Acct. Balance	Delinquent or in collections?	Monthly Payment	

EXPENSES

Q. Child Care Expenses

Yes / No

Do you pay childcare for a child 12 or under to go to work or to school?				
Do you pay for care equipment for a household member with a disability for you to go to work?				
IF YES, is the childcare expenses paid for by an agency or by another person outside of your household?				
Name of child or disabled member	Monthly Amount	Child Care providers name	Name of Agency if paid by an agency	

R. Medical Expenses

Yes / No

Does any household member(s) anticipate having out of pocket medical expenses in the next 12 months?		
IF YES, HOW MUCH \$		

S. Household Expenses

<ul style="list-style-type: none">List the MONTHLY average amount ALL household members pay for each of the followingIf the expense does not apply to you write NO or NONE. Do not leave any spaces blank					
Rent	\$	Car Payment	\$	Loan Payment	\$
Gas	\$	Gasoline for car	\$	Credit Cards	\$
Electricity	\$	Car Insurance	\$	Life Insurance	\$
Water	\$	Car Maintenance	\$	Medical Bills	\$
Trash/Sewer	\$	Public Transportation	\$	Medical Insurance	\$
Cable/Internet	\$	Childcare	\$	Groceries/Food	\$
Telephone	\$	Cell Phone	\$	Other / Personal Spending	\$

SUPPLEMENTAL INFORMATION

T. Household Information

Yes / No

1) Is there a family member(s) with a disability that started a new job or got a raise in the last 12 months?	
2) Is any household member temporarily absent from the home? Away at school or military service, etc?	
3) Has any household member been out of the subsidized unit or country for more than 30 consecutive days in the past 12 months?	
4) Does any household member have any minor children that do not live in the home? IF YES, PLEASE EXPLAIN:	
5) Are you or anyone in your household currently or ever been on parole or probation ?	
6) Have you or anyone in your household ever been cited, arrested, charged or convicted of ANY crime (misdemeanor and felony) other than traffic violations IF YES, PLEASE EXPLAIN:	
7) Are you or anyone in your household subject to registration as a sex offender in any state? IF YES, LIST NAME OF REGISTRANT AND COMPLETE ADDRESS WHERE CURRENTLY REGISTERD:	
8) Have you or anyone in your household ever used any name(s) or Social Security number(s) other than the one you currently use or issued by the Social Security Administration? IF YES, PLEASE GIVE NAME(S) AND/OR SOCIAL SECURITY NUMBERS:	
9) Have you or anyone in your household ever committed fraud while receiving Federally Assisted Housing or been required to repay money for misrepresenting information on such program? IF YES, PLEASE EXPLAIN:	
10) Does anyone residing outside of your household receive mail at your residence or claim it as their legal residence on ANY legal document (driver's license, vehicle registration, tax forms, school, etc.)? IF YES, LIST NAME OF PERSON(S) AND ACTUAL ADDRESS WHERE THEY RESIDE:	

U. Contacts

Please list information below for two relatives or friends who generally know how to contact you.			
Name:		Name:	
Relationship:		Relationship:	
Phone Number:		Phone Number:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	

V. Application Preference

Yes / No

Some waiting lists give selection preference to households that meet the following condition.	
Are you elderly, handicapped or disabled?	
Are you a Veteran?	
Are you Homeless by no fault of your own?	
Do you reside in Wise County?	
1. If yes, do you reside in town limits of Big Stone Gap?	
2. If yes, do you reside in city limits of Norton?	
3. If NO, what COUNTY do you live in? _____	

W. Accessibility / Reasonable Accommodation

1. We have units that are accessible for residents who have impaired mobility, vision, or hearing. As a result of a household member's disability, are you requesting any reasonable accommodations be made (such as a wheelchair-accessible unit, etc.)? YES _____ NO _____

X. Utility History

1. What utility companies have you done business with?
 a. Water _____ Electric _____
2. Is/Was the account in your name? Yes _____ NO _____
3. Do you owe a balance? Yes _____ NO _____

Y. Priority Data

- a. Have you been displaced by Urban Renewal, any low rent projects or any other public action?
- i. Yes _____ No _____
- ii. Address when Displaced _____
- iii. Notified by and date _____
- iv. Date moved _____

*OFFICAL DOCUMENTATION MUST ACCOMPANY THIS INFORMATION

When applying, you must read the following document from the U.S. Department of Housing and Urban Development: ***Is Fraud Worth It?*** It informs you that you are committing fraud if you knowingly provide false or misleading information to obtain assisted housing. There are penalties that apply if you knowingly omit information or give false information. _____ ***Yes, I have read and understand this document.**

AS PROVIDED BY THE VIRGINIA PRIVACY PROTECTION ACT OF 1976, I UNDERSTAND THAT THE INFORMATION GIVEN ON THIS APPLICATION WILL BE HELD IN CONFIDENCE AND WILL BE USED FOR THE SOLE PURPOSE OF DETERMINING MY ELIGIBILITY FOR SECTION 8 AND PUBLIC HOUSING. I FURTHER UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS FULL, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT MY APPROVAL FOR HOUSING WILL BE CONTINGENT UPON THE HOUSING AUTHORITY BEING ABLE TO FORMALLY VERIFY THIS INFORMATION. I HAVE NO OBLIGATIONS TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE HEREIN.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

APPLICANT'S SIGNATURE _____ DATE _____

SPOUSE/PARTNER SIGNATURE _____ DATE _____

ADDITIONAL ADULT SIGNATURE _____ DATE _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> 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.



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 record keeping 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 06/30/2026.

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.

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.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

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):

Wise County Redevelopment and Housing Authority
PO Box 630
Coeburn, VA 24230

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.

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

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.

DECLARATION OF SECTION 214 STATUS

NOTICE TO TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury¹, that to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- ☐ I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - ☐ Immigrant status under 101(a or 1010 (a)(20)) of the INA 3/; or
 - ☐ Permanent residence under 249 of INA 4/; or
 - ☐ Refugee, asylum, or conditional entry status under 207,208, or 203 of the INA 5/; or
 - ☐ Parole status under 212(d)(5) of the INA 6/; or
 - ☐ Threat of life or freedom under 243(h) of the INA 7/; or
 - ☐ Amnesty under 245A of the INA 8/.

Signature

Date

*** PARENT/GUARDIAN must sign for family members under age of 18. DO NOT sign child's name**



WISE COUNTY REDEVELOPMENT AND HOUSING AUTHORITY

107 Litchfield Street, NW • P.O. BOX 630 • COEBURN, VIRGINIA 24230
Telephone: (276) 395-6104 • Fax: (276) 395-5874 • email: zbowen@wcrha.org

CRIMINAL OR PUBLIC LAW VIOLATION AUTHORIZATION

To Whom It May Concern:

I authorize any persons or officer of any federal, state or local law enforcement agency to disclose, when requested to do so by a representative of the Wise County Redevelopment and Housing Authority, and all information regarding my past criminal or public law violation records, if any, that said representative of the Wise County Redevelopment and Housing Authority might request.

A photo static or carbon copy of this form is to be treated as an original.
This consent form expires 12 months after signed.

Date

Applicant/ Tenant Signature

Applicant/ Tenant Printed Name





WISE COUNTY REDEVELOPMENT AND HOUSING AUTHORITY

107 Litchfield Street, NW • P.O. BOX 630 • COEBURN, VIRGINIA 24230
Telephone: (276) 395-6104 • Fax: (276) 395-5874 • email: zbowen@wcrha.org

INCOME AUTHORIZATION

To Whom It May Concern:

I hereby authorize any person, business, agency, corporation, lending institution or other business entity with whom I have conducted any business or with whom I am presently conducting business to disclose, when requested to do so by a representative of the Wise County Redevelopment and Housing Authority, any and all information with regard to my income, debts, liabilities, and assets and to furnish copies of all relative income information that said representative of the Wise County Redevelopment and Housing Authority might request.

A photo static or carbon copy of this form is to be treated as an original.
This consent form expires 12 months after signed.

Date

Applicant/ Tenant Signature

Applicant/ Tenant Printed Name



EQUAL HOUSING OPPORTUNITY



WISE COUNTY REDEVELOPMENT AND HOUSING AUTHORITY

107 Litchfield Street, NW • P.O. BOX 630 • COEBURN, VIRGINIA 24230
Telephone: (276) 395-6104 • Fax: (276) 395-5874 • email: zbowen@wcrha.org

AMENDMENT TO RURAL DEVELOPMENT APPLICATION

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through its Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname. **This consent form expires 12 months after signed.**

Date

Applicant / Tenant Signature



EQUAL HOUSING OPPORTUNITY



WISE COUNTY REDEVELOPMENT AND HOUSING AUTHORITY

107 Litchfield Street, NW • P.O. BOX 630 • COEBURN, VIRGINIA 24230
Telephone: (276) 395-6104 • Fax: (276) 395-5874 • email: zbowen@wcrha.org

MEMORANDUM

APPLICATION FOR HOUSING ASSISTANCE

Thank you for your application and supporting documents placed with the Wise County Redevelopment and Housing Authority. We **will** place your name on the Waiting List and will contact you as soon as we can offer assistance. Your application **will** go on the list according to the date and time the application is received in the office

Please be advised all applicants for housing are screened thoroughly.

Be sure to notify the office immediately if you experience **ANY** of the following changes.

1. Your address or telephone number changes.
2. You experience a change in family household members, or a change in income.
3. You decide you no longer need assistance and want your name removed from the waiting list.

If you fail to notify our office of any of the above changes, you risk having your application cancelled and your name removed from the waiting list. In the event that this happens, you will have to re-apply and go through the entire waiting list procedure again. **If you are approved for one of our programs and want to remain on the waiting list for another program, you are responsible for letting the Wise County Central Office know of any change of address.**

Thank you,
Wise County Redevelopment and Housing Authority

My signature below acknowledges that I have read and understand the above information

X _____

Date: _____



EQUAL HOUSING OPPORTUNITY



WISE COUNTY REDEVELOPMENT AND HOUSING AUTHORITY

PO Box 630 * 107 LITCHFIELD STREET NW
COEBURN, VIRGINIA 24230 * 276-395-6104

Authorization for Release of Information

I being at least 18 years of age, do hereby authorize any agencies, offices, groups, organizations or business firms to release to the Wise County Redevelopment and Housing Authority, PO Box 630, Coeburn, Virginia 24230, any information or materials which are deemed necessary to complete and verify the application for participation and/or to maintain continued assistance under the Section 8 Housing Choice Voucher Program and/or Low-Income Housing Programs.

The information needed may include verification or inquiries regarding my personal identity, my employment and income, criminal history, assets, allowance or preferences I have claimed, and residency. These organizations are to include, but are not limited to, financial institutions, Employment Security Commission, State Wage Information Collection Agency (SWICA), educational institutions, past or present employers, Social Security Administration, Internal Revenue Service, HUD Office of Inspector General, Department of Justice, welfare and food stamp agencies, Worker's Compensation Payers, public and private retirement systems, law enforcement agencies, medical facilities and credit providers, utilities companies, etc.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above. This form shall be valid during the term of my participation in the program.

I hereby authorize WCRHA to release information regarding my Housing Assistance to interested parties such as Property Owners, Social Services, other Housing Authorities, Utilities Companies, etc.

Signature of Head of Household Date

Signature of Spouse Date

Social Security # Birthdate

Social Security # Birthdate

Signature of Other Adult in Household Date

Signature of Other Adult in Household Date

Social Security # Birthdate

Social Security # Birthdate

