

## **APPLICATION FOR HOUSING ASSISTANCE**

**THE FOLLOWING INFORMATION MUST BE SUBMITTED WHEN TURNING IN THE APPLICATION**

**YOUR APPLICATION WILL NOT BE ACCEPTED WITH OUT IT!**

- 1. Social Security Cards for EVERY member listed**
- 2. Current Photo ID for EVERY member 18+**
- 3. YOU MUST PROVIDE PROOF OF THE FOLLOWING INFORMATION FOR OUR VERIFICATION OF YOUR INCOME, ASSETS AND MEDICAL EXPENSES.**

### **INCOME**

**PROOF OF ANY MONTHLY INCOME TO INCLUDE, BUT NOT LIMITED TO:**

- GROSS SOCIAL SECURITY – AMOUNT BEFORE ANY DEDUCTIONS – AWARD LETTER**
- SSI/SSD – AWARD LETTER**
- PENSION – LETTER FROM PENSION COMPANY**
- WAGES, TIPS, COMMISSION – 6 WEEKS CONSECUTIVE PAYSTUBS**
- ALIMONY/SUPPORT**
- CASH ASSISTANCE**

### **ASSETS**

**PROOF OF ANY ASSETS TO INCLUDE, BUT NOT LIMITED TO:**

- CHECKING ACCOUNTS – LAST 6 CONSECUTIVE MONTHLY STATEMENTS**
- SAVINGS ACCOUNTS – LAST 6 CONSECUTIVE MONTHLY STATEMENTS**
- STOCKS, BONDS, CERTIFICATE OF DEPOSITS (FACE AMOUNTS AND INTEREST)**
- REAL ESTATE (VALUE OF HOUSE AND/OR LAND CERTIFIED BY A REAL ESTATE AGENT) – OCHA WILL PROVIDE THE PAPER THAT NEEDS COMPLETED**
- WHOLE LIFE INSURANCE POLICIES (FACE AMOUNT PLUS CASH SURRENDER VALUE)**

### **MEDICAL ALLOWANCES – *\*\*ELDERLY AND DISABLED ONLY\*\****

**PROOF OF ALL MEDICAL ALLOWANCES TO INCLUDE, BUT NOT LIMITED TO:**

- MEDICARE**
- ANY MEDICAL INSURANCE SUPPLEMENTS (IF YOU PAY FOR HEALTH INSURANCE)**
- ANY PRESCRIPTIONS, HOSPITAL, DOCTOR OR DENTAL BILLS PAID BY YOU OUT OF POCKET THAT ARE NOT REIMBURSED BY ANY OTHER PROGRAM OR INSURANCE**
- AMBULANCE MEMBERSHIP**

**SITE SELECTION PAGE:** The Oil City Housing Authority operates various housing programs throughout Venango County (excluding housing within the City limits of Franklin). You may choose to be placed on multiple lists.

**Place a check mark next to ALL programs/sites for which you would like to apply.**

**Elderly/Disabled/Adult High Rise**  
***\*One or Two Adults ONLY\****

Building	Bedroom Size	Select the Sites you would like to apply for
Moran Towers/Siverly Apartments	0 and 1	

**Family Sites**  
***\*Scattered Sites are located at various locations throughout Oil City\****

Building	Bedroom Size	Select the Sites you would like to apply for
Century Terrace/Scattered Sites/Cherry Hill Apartments	1, 2, 3, 4	

**SECTION 8**

***\*Rental assistance help, for privately owned apartments and houses in Oil City and Venango County\****

Section 8	1, 2, 3, 4+	
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**If you have questions or need assistance filling out the application, please ask a staff employee to assist you or call our office for an appointment.**

**Housing Authority of the City of Oil City**  
**MORAN TOWERS 110 MORAN STREET**  
**OIL CITY, PA 16301**  
**(814) 676-5764**

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_  
TIME RECEIVED \_\_\_\_\_  
REC'D BY \_\_\_\_\_

**APPLICATION FOR HOUSING ASSISTANCE**

**1. APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Home/Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Is your mailing address the same as your physical address?**    ☐ YES    ☐ NO

Physical Address: \_\_\_\_\_

**If you are staying with a friend, you must list who their landlord is.**

**Current Landlord:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current Information:**

Lived there:            from: \_\_\_\_\_ to: \_\_\_\_\_  
Number of bedrooms: \_\_\_\_\_ Rent: \_\_\_\_\_

**Reason for Moving – Check one**

\_\_\_\_\_ About to be without housing            \_\_\_\_\_ Substandard housing  
\_\_\_\_\_ Displaced due to Governmental action            \_\_\_\_\_ Other – Please Describe: \_\_\_\_\_  
\_\_\_\_\_

**Pet Information:**    Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_

**How did you hear about the Oil City Housing Authority?** \_\_\_\_\_

**Effective 12/17/2024**

**2. Previous Information - Your address, Landlord's Name, address & phone #:**

Your Address:	FROM / TO
Landlord's Name:	Landlords Phone #:
Landlord's Address:	
Your Address:	FROM / TO
Landlord's Name:	Landlords Phone #:
Landlord's Address:	
Your Address:	FROM / TO
Landlord's Name:	Landlords Phone #:
Landlord's Address:	

\*\*\*\*\*List ALL landlords \*\*\*\*\* (attach additional sheet if necessary)

**Has anyone in your household previously lived in Public, Section 8 or any type of Federally Assisted Housing** ☐ Yes ☐ No If yes, who? \_\_\_\_\_

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\*\*\*\*\*List all states that applicants and members of the applicant's household have resided\*\*\*\*\*

Name: \_\_\_\_\_ State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_ State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**3. PROGRAM INTEGRITY**

1. Have you or anyone in your household ever been charged with any type of sexual offense? ☐ Yes ☐ No
2. Have you or anyone in your household ever been convicted of any type of sexual offense? ☐ Yes ☐ No
3. Have you or anyone in your household ever been required to register with Megan's Law? ☐ Yes ☐ No

If you answered YES to Questions #1, #2 or #3, complete next section:

Who - When: \_\_\_\_\_

For What: \_\_\_\_\_

4. Have you or anyone in your household ever been arrested or convicted for the possession, use, sale, manufacture, or distribution of illegal drugs, controlled substances, or drug paraphernalia? ☐ Yes ☐ No

If yes: Who? When? For what? \_\_\_\_\_

5. Do you or anyone in your household currently use a controlled or illegal drug? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

6. Have you or anyone in your household ever been convicted of or arrested for a felony or violent criminal activity? ☐ Yes ☐ No

If yes: Who? When? For what? \_\_\_\_\_

7. Do you or anyone outside of your household pay for any of your bills or expenses? ☐ Yes ☐ No

If yes: Who? When? For what? \_\_\_\_\_

#### **4. Family Composition Information**

##### **HEAD OF HOUSEHOLD**

<b>HOH Name:</b>			<b>SS#</b>
Birthdate:	Gender:	Place of Birth:	Maiden Name / Full Time Student Yes / No
Race	Disabled Yes / No	Ethnicity Hispanic Non-Hispanic	Are you Active Duty or a Veteran?

##### **HOUSEHOLD MEMBERS**

<b>Member 1:</b>			<b>SS#</b>
Birthdate:	Gender:	Place of Birth:	Maiden Name / Full Time Student Yes / No
Race	Disabled Yes / No	Ethnicity Hispanic Non-Hispanic	Are you Active Duty or a Veteran?
<b>Member 2:</b>			<b>SS#</b>
Birthdate:	Gender:	Place of Birth:	Maiden Name / Full Time Student Yes / No
Race	Disabled Yes / No	Ethnicity Hispanic Non-Hispanic	Are you Active Duty or a Veteran?
<b>Member 3:</b>			<b>SS#</b>
Birthdate:	Gender:	Place of Birth:	Maiden Name / Full Time Student Yes / No
Race	Disabled Yes / No	Ethnicity Hispanic Non-Hispanic	Are you Active Duty or a Veteran?
<b>Member 4:</b>			<b>SS#</b>
Birthdate:	Gender:	Place of Birth:	Maiden Name / Full Time Student Yes / No
Race	Disabled Yes / No	Ethnicity Hispanic Non-Hispanic	Are you Active Duty or a Veteran?
<b>Member 5:</b>			<b>SS#</b>
Birthdate:	Gender:	Place of Birth:	Maiden Name / Full Time Student Yes / No
Race	Disabled Yes / No	Ethnicity Hispanic Non-Hispanic	Are you Active Duty or a Veteran?

**If you need more room, please attach a separate piece of paper.**

Are there any family members temporarily absent from the home? ☐ Yes ☐ No

Why? \_\_\_\_\_

**5. INCOME INFORMATION:** (list amount and type for each household member)

Name of Household Member	Source of income (Wages, SS, Child Support, etc.)	Amount/How Often Received	Source of Income (Name, Address, Phone)

**6. ASSETS:** All bank accounts, Whole Life Insurance, Property, House, etc.

Name of Household Member	Type of Asset – Name of Institution Checking, Savings, IRA, 401k, Life Ins. Etc.	Cash Value	Interest Earned per year

**7. EXPENSES:** Any expenses paid for childcare (child 12 or younger) that enables the head of the household to work or attend school.

Any child support paid through domestic relations – Public Housing Applicants Only.

Name of Household Member	Name and address	Phone Number	Monthly cost – out of pocket

Is any portion of your childcare expenses reimbursed from an outside agency? Yes / No

If yes, Name and Address: \_\_\_\_\_

**8. ELDERLY or DISABLED FAMILIES ONLY:**

1. Does anyone in the household pay for Medicare? Yes / No

2. Does anyone in the household pay for supplemental insurance? Yes / No

**9. PERSONAL REFERENCES:**

List 3 references – Name, Address and Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## APPLICANT / PARTICIPANT CERTIFICATION

I certify that the information given to The Housing Authority of The City of Oil City on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in family composition, income assets, and expenses of any family member(s) to The Housing Authority of The City of Oil City within 10 days of the change. I understand that all changes in family composition due to birth, adoptions, or court awarded custody must be reported in writing to The Housing Authority of The City of Oil City within 10 days of change. **Furthermore that no one is permitted to move into my unit without prior written approval of The Housing Authority of The City of Oil City and/or my landlord.** I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration of admission or participation and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

Other member over 18: \_\_\_\_\_ Date: \_\_\_\_\_

Other member over 18: \_\_\_\_\_ Date: \_\_\_\_\_

Other member over 18: \_\_\_\_\_ Date: \_\_\_\_\_



### **Veteran Preferences**

- A. In selecting a tenant, Oil City Housing Authority will provide a preference for any active-duty United States service member or veteran. The preference shall extend to:
  - 1. The household of which the service member or veteran is a member.
  - 2. The surviving household members of a deceased service member or veteran who died of service-related causes, provided:
    - i. The death occurred during active-duty service or within five years of discharge from service.
    - ii. The death occurred not more than five years from the date of application for housing.
- B. The preference established by this section shall be cumulative with any other preference allowed by the housing authority for which the applicant qualifies, so that service members or veterans have priority over nonservice members and nonveterans within each preference category.
- C. Nothing in this section shall be construed to supersede:
  - 1. Any Federal law or regulation relating to, or local preferences adopted pursuant to Federal Law.
  - 2. Any Federal law or regulation concerning tenant eligibility and selection, or local criteria adopted pursuant to Federal law.

\_\_\_\_\_  
Name of Veteran

\_\_\_\_\_  
Relationship to Head of Household

\_\_\_\_\_  
If deceased, date of death

\_\_\_\_\_  
Was the death service related?

If you are claiming a veteran preference, please attach form DD214, Certificate of Release or Discharge from Active Duty. This is required to verify veteran status.





## CONSENT FOR RELEASE OF CRIMINAL BACKGROUND INFORMATION

I authorize and direct any Federal, State, or local law enforcement agency, organization or individual to release to the Oil City Housing Authority any information or material needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Project Based Section 8 Program, Section 8 Housing Choice Voucher Program and/or Low-Income Public Housing Program, and/or any other housing assistance programs.

I understand and agree that this authorization or the information obtained with its use may be given to and used by the Oil City Housing Authority in accordance with HUD regulations in administering and enforcing program rules and policies.

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for, and/or continued participation in, a housing assistance program.

## CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the OCHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
SIGNATURE

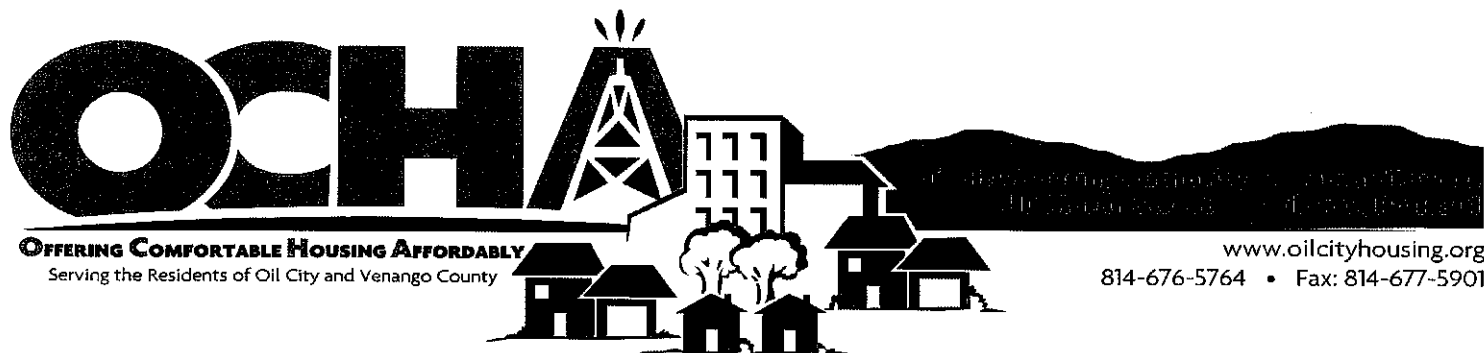
\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NO.



## CONSENT FOR RELEASE OF CREDIT INFORMATION

I authorize and direct any Federal, State, or local law enforcement agency, organization or individual to release to the Oil City Housing Authority any information or material needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Project Based Section 8 Program, Section 8 Housing Choice Voucher Program and/or Low-Income Public Housing Program, and/or any other housing assistance programs.

I understand and agree that this authorization or the information obtained with its use may be given to and used by the Oil City Housing Authority in accordance with HUD regulations in administering and enforcing program rules and policies.

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for, and/or continued participation in, a housing assistance program.

## CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the OCHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NO.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development 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):OIL CITY HOUSING AUTHORITY  
110 MORAN ST., OIL CITY, PA 16301

DATE OF REQUEST: \_\_\_\_\_

**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.



## ASSETS DIVESTITURE DISCLAIMER



I/We, \_\_\_\_\_, certify that:  
Print First and Last Name of household members 18 and older

\_\_\_\_\_ I/We **HAVE NOT** disposed of assets (real property or personal property held as an investment) for less than Fair Market Value within the last two (2) years. *(if you checked this option you do not have to complete information below)*

\_\_\_\_\_ I/We **HAVE** disposed of assets (real property or personal property held as an investment) for less than Fair Market Value within the last two (2) years. *(if you checked this option please complete information below.)*

TYPE OF ASSET: \_\_\_\_\_

Cash Value of Asset: \$ \_\_\_\_\_

Fair Market Value of Asset \$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

TYPE OF ASSET: \_\_\_\_\_

Cash Value of Asset: \$ \_\_\_\_\_

Fair Market Value of Asset \$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

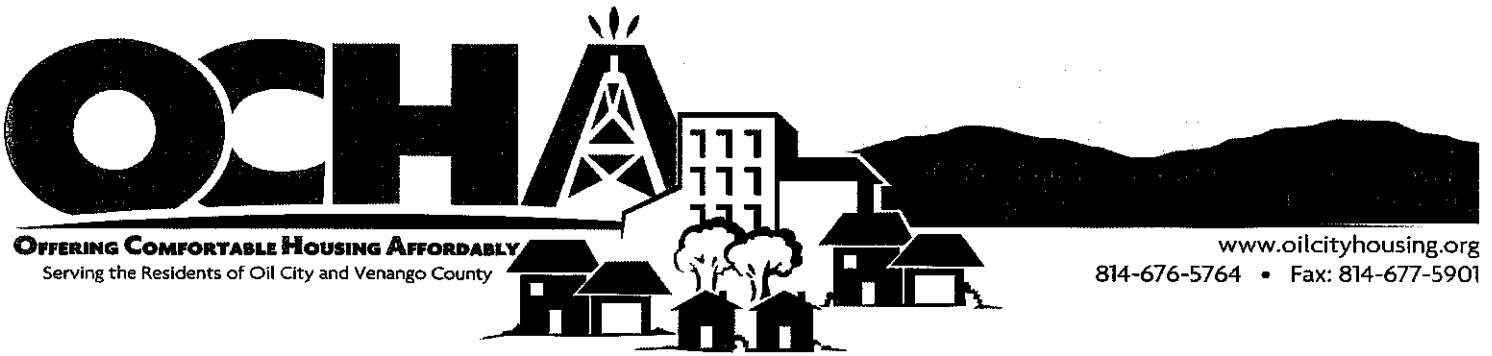
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**WARNING:** Title 18 §1001 (a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully— (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) 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 under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years. (b) Subsection (a) does not apply to a party to a judicial proceeding, or that party's counsel, for statements, representations, writings or documents submitted by such party or counsel to a judge or magistrate in that proceeding. (c) With respect to any matter within the jurisdiction of the legislative branch, subsection (a) shall apply only to—(1) administrative matters, including a claim for payment, a matter related to the procurement of property or services, personnel or employment practices, or support services, or a document required by law, rule, or regulation to be submitted to the Congress or any office or officer within the legislative branch; or (2) any investigation or review, conducted pursuant to the authority of any committee, subcommittee, commission or office of the Congress, consistent with applicable rules of the House or Senate.







## REQUEST FOR INFORMATION REGARDING FORMER/CURRENT TENANT

DATE: \_\_\_\_\_

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

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

ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_

The above named individual/family has applied to the Oil City Housing Authority for housing assistance. As part of the applicant screening process, we are required to check with current and prior landlords relative to the applicant's tenant history. We must do so in order to make an informed decision as to whether or not this applicant is suitable for housing assistance in one of our programs.

We ask for your cooperation in providing the following information and returning it promptly to assure timely processing.

Please COMPLETE and RETURN no later than: \_\_\_\_\_

Sincerely,  
Michele Owoc

\*\*\*\*\*APPLICANT – DO NOT WRITE ABOVE THIS LINE\*\*\*\*\*

I/WE, \_\_\_\_\_, HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION TO THE OIL CITY HOUSING AUTHORITY FOR THE PURPOSE OF EVALUATING MY SUITABILITY FOR TENANCY.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_