



202 E. Georgia Ave. • Gunnison, CO 81230
Phone: (970) 641-7900 • Fax: (970) 641-7931

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

In order to accurately provide you with the best possible service, the Gunnison County Housing Authority has streamlined the application process for the Section 8 Voucher Assistance Program. This packet contains:

- Section 8 Choice Voucher Rental Assistance Application
- Colorado Bureau of Investigation Report
- Credit Check Report
- Computer Matching for Income Verification
- Authorization for Release of Information
- Student Questionnaire

All family members over the age of 18 must fill out a Colorado Bureau of Investigation Report and disclose employment information. Please notify our office if more forms are needed.

These forms must be filled out, signed, and returned to our office at your earliest convenience. Eligibility is contingent upon verification of:

1. Waiting list preference *
2. Family composition
3. Updated income
4. Colorado Bureau of Investigation Report
5. Credit Report

* If you checked Homeless or Victim of Violence on the Application Selection Preference page, please submit documentation supporting your claim.

This in no way guarantees voucher placement within the program. There is a waiting list and the estimated date of rental assistance could be subject to factors which may be beyond this housing agency's control.

It is your responsibility to notify this office in writing of all changes which could potentially affect the status of your application. If we are unable to contact you, we will move to the next person or family on the list. It is important that you keep us updated on any changes. Should you no longer require assistance while on the waiting list, please notify us so that we are able to help the next person or family. Thank you for your cooperation during this process. If you have any questions or concerns please contact our office at 641-7983 or 641-7678.





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HOUSING CHOICE VOUCHER APPLICATION CHECKLIST

- _____ **Complete and sign application**

- _____ **Include income information for all household members over 18 years of age: Employer, hourly rate of pay, amount received, and how often. Attach copies.**

- _____ **Include asset information for all household members over 18 years of age: Type of asset, address of institution, account numbers, and current balance. Attach copies.**

- _____ **Documentation supporting Selection Preference claim**

- _____ **Sign Colorado Bureau of Investigation report by all household members 18 years of age and over**

- _____ **Sign Authorization for Release of Information**

- _____ **Complete Student Questionnaire**



Date: _____
Time: _____
Staff Initials: _____
For Agency Use Only

HOUSING CHOICE VOUCHER (SECTION 8) RENTAL ASSISTANCE APPLICATION

This Form must be completed IN YOUR OWN HANDWRITING. Please print and read all questions carefully. If a particular question does not apply, please write N/A or none in the space.

CONTACT INFORMATION

Applicant's Name: _____
Current Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone No.: _____ Head of HH Work No.: _____
Spouse's Work No.: _____

Please list the names and telephone numbers of two friends or relatives that we may contact if we are unable to reach you.

NAME: _____ TELEPHONE: _____
NAME: _____ TELEPHONE: _____

EMERGENCY CONTACT INFORMATION

Please list nearest living relatives we can contact in case of an emergency.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Relationship to applicant: _____



HOUSEHOLD COMPOSITION and CHARACTERISTICS

1. In the numbered boxes, start with the "head of household" and list the names and other information of all persons who will live in the rental unit while you are receiving Section 8 assistance. Please be aware that all information you provide on this application will be verified.

1) FULL LEGAL NAME:	RELATIONSHIP:	AGE:	BIRTH DATE:
PLACE OF BIRTH:	SOCIAL SECURITY #:	SEX	U.S. CITIZEN
2) FULL LEGAL NAME:	RELATIONSHIP:	AGE:	BIRTH DATE:
PLACE OF BIRTH:	SOCIAL SECURITY #:	SEX	U.S. CITIZEN
3) FULL LEGAL NAME:	RELATIONSHIP:	AGE:	BIRTH DATE:
PLACE OF BIRTH:	SOCIAL SECURITY #:	SEX	U.S. CITIZEN
4) FULL LEGAL NAME:	RELATIONSHIP:	AGE:	BIRTH DATE:
PLACE OF BIRTH:	SOCIAL SECURITY #:	SEX	U.S. CITIZEN
5) FULL LEGAL NAME:	RELATIONSHIP:	AGE:	BIRTH DATE:
PLACE OF BIRTH:	SOCIAL SECURITY #:	SEX	U.S. CITIZEN
6) FULL LEGAL NAME:	RELATIONSHIP:	AGE:	BIRTH DATE:
PLACE OF BIRTH:	SOCIAL SECURITY #:	SEX	U.S. CITIZEN

2. Race of Household: (check one- used for statistical purpose)
 White Black American Indian/Alaskan Native Asian
 Native Hawaiian/other
3. Ethnicity of Head of Household (Check one)
 Hispanic or Latino Not Hispanic or Latino
4. Does anyone live with you now who are not listed above? yes no
5. Does anyone plan to live with you in the future who are not listed above?
 yes no
- Explain if you answered yes to either question: _____

6. * Is head of Household or spouse a person with disabilities? yes no



7. * Please identify any special housing needs your household needs: _____

(These questions are asked only for the purpose of calculating total tenant payment and determining the family's needs for an accessible unit.)*

8. How many people live in your unit now? ___ How many bedrooms do you have? ___

9. Do you wish to move? ___yes ___no if yes, why? _____

10. Are you living in a federally subsidized housing unit? ___yes ___no

11. Have you ever lived in public housing? ___yes ___no

12. Have you ever participated in the Certificate or Voucher Program? ___yes ___no
If yes, enter the date(s) of occupancy: _____

13. Have you ever been in trouble with the law? ___yes ___no
If yes, give details (offence, age, and outcome) _____

14. Have you or any family member ever been arrested for illegal use of controlled substances or activities related to an abuse of drug and/or alcohol? ___yes ___no

15. Have you or any family member ever been convicted of an alcohol/drug related or violent crime? ___yes ___no

16. Have you ever been in jail? ___yes ___no

17. Key contact in probation service:

Name: _____

Phone: _____

18. Are there any legal issues pending? (Awaiting trial, court date, on bail, warrants outstanding, probation, etc.). ___yes ___no

Explain: _____

19. Have you ever been evicted? ___yes ___no If yes, provide the following information: When: _____ For what reason: _____

20. Name and address of **current** Landlord: _____
_____ Phone: _____

21. Your last address: _____

22. Dates you lived there: from _____ to _____

23. Name and address of **previous** Landlord: _____
_____ Phone: _____



INCOME and ASSET INFORMATION

Please answer each of the following questions.

Does any member of your household:

1. Work full-time, part-time, or seasonally? ___yes ___no
2. Expect to work for any period next year? ___yes ___no
3. Work for someone who pays them cash? ___yes ___no
4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave? ___yes ___no
5. Now receive or expect to receive unemployment benefits? ___yes ___no
6. Now receive or expect to receive child support? ___yes ___no
7. Have an entitlement to receive child support that he/she is not now receiving? ___yes ___no
8. Now receive or expect to receive alimony? ___yes ___no
9. Have an entitlement to receive alimony that is not currently being received? ___yes ___no
10. Now receive or expect to receive Social Security benefits? ___yes ___no
11. Now receive or expect to receive public assistance (welfare)?
___yes ___no
12. Now receive or expect to receive income from pension or annuity?
___yes ___no
13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? ___yes ___no
14. Receive an income from assets including interest on checking or savings accounts, interest, an dividends from certificated of deposit, stock or bonds, or income from rental property? ___yes ___no
15. Own real estate or any assets for which you receive no income (checking account, cash)? ___yes ___no
16. Have you sold or given away real property or other assets (including cash) in the past two years? ___yes ___no

If you answered yes to any of the questions listed above, please explain:



SOURCES OF INCOME

List all members of your family who are currently employed, either full-time or part-time and their income. Include earnings from self-employment, military pay, tips, etc. ALSO list all members of your family who are currently receiving income from other sources, for example: Social Security, pensions, disability, TANF, SSI, unemployment compensation, babysitting, alimony, child support, regular contributions or gifts. You must include **ALL** sources of income.

Name of household member receiving income:	What is the type or source of income? Include the name & address of all employers:	How often is this income received and what is the amount?

ASSETS

1. Please list all checking and savings accounts of all household members:

Name of household member:	Bank names and address	Type of account (i.e. checking, savings, etc.)	Account Number	Current Balance



OTHER ASSETS

Include life insurance policies, stocks, bonds, annuities, etc.

Name of household member	Bank name & address	Type of Account (i.e. checking, savings, etc.)	Account number	Current Balance

2. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member: _____

3. List the value of any assets disposed of for less than fair market value during the past two years: _____

EXPENSES

1. Do you have expenses for child care of a child aged 13 or younger? yes no
If yes, provide the name, address, and the telephone number of the care provider: _____

2. What is the weekly cost to you of the child care? _____

3. Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work? yes no

If you pay a care attendant, provide the name, address, and telephone number:

4. What is the cost to you for the care attendant and/or equipment? _____



ELDERLY FAMILIES or PERSONS WITH DISABILITIES ONLY

1. Do you have Medicare? ___yes ___no
If yes, what is your monthly premium? _____

2. Do you have any other kind of medical insurance? ___yes ___no
If yes, provide:
Name of carrier: _____
Address: _____
City: _____ State: _____ Zip: _____
Policy Number: _____
Premium Amount: _____
Agent's Name: _____

3. Do you have outstanding medical bills which you are paying? If yes, list them below:

4. What medical Expenses do you expect to incur in the next twelve (12) months?

5. If you use the same pharmacy regularly, please provide the name and address:



APPLICATION SELECTION PREFERENCE

You are applying for a Housing Choice Voucher (Section 8 housing subsidy) through a local organization that administers the vouchers for the Colorado Division of Housing (DOH). DOH has established certain preferences. In order to determine whether you qualify for a preference, please complete the section below. Your eligibility for a preference will be verified at the time your name reaches the top of the waiting list.

Please check the following category which best describes your situation:

- VICTIM OF VIOLENCE, NATURAL DISASTER, OR GOVERNMENT ACTION**
Examples may include victims of a recent incident of domestic violence; a recent flood or fire; victims of hate crimes; persons relocated for various reasons by a government; or households living in a unit that is not physically accessible for mobility impaired member of that household.
- HOMELESS**
By federal regulation, families who are homeless are either living in a public or private shelter; living on the streets or in an automobile; or who is a participant in a transitional housing program. It may also mean an individual or family who lacks a fixed, regular, or adequate nighttime residence.
- CURRENTLY ENROLLED IN AN EDUCATIONAL, TRAINING, OR UPWARD MOBILITY PROGRAM.**
This would include individuals who are currently working towards self-sufficiency by being enrolled in a school or job-training program.
- PREVIOUSLY ENROLLED IN AN EDUCATIONAL, TRAINING, OR UPWARD MOBILITY PROGRAM AND IS IN THE PROCESS OF MEETING HIS/HER PROGRAM GOALS.**
This would include those who have finished school or a training program and are now entering the job market.
- CURRENTLY WORKING**
- HEAD OF HOUSEHOLD OR SPOUSE IS ELDERLY OR DISABLED**
Elderly is defined as over the age of 62. A disability is defined as a physical or mental impairment of long and indefinite duration.

* If you checked homeless, where are you currently staying? _____

IMPORTANT: If your situation changes, and you qualify for one of the selection preferences listed above, please contact the housing agency and update your application. **It is your responsibility to notify the Housing Authority of any changes in your status or contact information.**



SIGNATURE AND APPLICATION CERTIFICATION

It is this housing agency's policy to verify all information contained in this application. Please sign your name, where indicated, in acknowledgment of this policy.

I/We certify that the information given to the Gunnison County Housing Authority is accurate and complete to the best of my/our knowledge and belief. I/We also understand that false statements or information are grounds for denial of housing assistance or termination of my/our housing assistance in the future.

Signature of Head of Household

Date

Signature of Other Adult Member(s)

Date

Signature of Other Adult Member(s)

Date

Signature of Other Adult Member(s)

Date

It is your responsibility to notify this office in writing of all changes which could potentially affect the status of your application. Failure to disclose any new information could jeopardize you standing with the Section 8 Rental Assistance Program.

Colorado Relay Service 1-800-659-2656
A TDD service for those individuals with hearing and speech disabilities.





Revised 5/2012



PUBLIC REQUEST FOR ARREST INFORMATION

COLORADO BUREAU OF INVESTIGATION
690 Kipling Street Suite #3000
Denver, CO 80215
www.colorado.gov

PLEASE TYPE OR PRINT CLEARLY

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

LAST NAME:		
FIRST NAME:		MIDDLE NAME:
____ / ____ / ____ MONTH DAY YEAR DATE OF BIRTH (REQUIRED)	MALE/FEMALE (Circle one)	____ / ____ / - ____ / ____ / - ____ / ____ / ____ SOCIAL SECURITY NUMBER

SEND REPLY TO: (COMPLETE MAILING ADDRESS)

<u>Gunnison County Housing Authority</u> NAME OF BUSINESS AND/OR PERSON			
202 E. Georgia Ave.			
<u>Gunnison</u>	<u>CO</u>	<u>81230</u>	<u>(970) 641-7900</u> PHONE NUMBER

PURPOSE FOR REQUEST: HOUSING

THE RECORDS REQUESTED SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN (MONETARY GAIN):

(REQUESTOR SIGN BY THE X PER STATE LAW)

X _____

CBI ARREST FILE COMPLETENESS: Not all Colorado arrests are documented in CBI files. Colorado Criminal Justice Agencies may not have provided all arrests, charges or dispositions to the CBI. Manual Reporting (non-electronic) Colorado Criminal Justice Agencies has a delay of approximately one to two weeks between the time of arrest and the time CBI receives the arrest card. Sealing is permitted only when the arrestee has petitioned the court for sealing, and has either been acquitted of all charges relating to an arrest, or no charges were filed after the arrest, or all charges were dismissed. The following juvenile records (18 and under) are releasable under the "Open Records Act" misdemeanor traffic, adjudicated as an adult and registered sex offenders.



Revised 5/2012



PUBLIC REQUEST FOR ARREST INFORMATION

COLORADO BUREAU OF INVESTIGATION
690 Kipling Street Suite #3000
Denver, CO 80215
www.colorado.gov

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

LAST NAME:		
FIRST NAME:		MIDDLE NAME:
/ / MONTH DAY YEAR DATE OF BIRTH (REQUIRED)	MALE/FEMALE (Circle one)	/ / - / / - / / / SOCIAL SECURITY NUMBER

SEND REPLY TO: (COMPLETE MAILING ADDRESS)

Gunnison County Housing Authority NAME OF BUSINESS AND/OR PERSON			
202 E. Georgia Ave.			
Gunnison	CO	81230	(970) 641-7900
			PHONE NUMBER

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Consent for Release of Information

This consent is only given for use by Gunnison County Housing Authority in its administration of its housing program and for no other purpose.

Name: _____

Address: _____

Phone: _____ Social Security Number: _____

I/We hereby authorize the persons, agencies, or institutions checked or entered below to exchange with Gunnison County Housing Authority (GCHA) medical, legal, human service, educational, clinical, utilities, landlord, and all other pertinent information with regard to the above-named persons. This may include inspection or reproduction of information obtained directly from me or from any other person, agency, or institution which has provided information to GCHA with my consent. **I understand that my consent will be used by only authorized persons.**

Check each that apply:	Specific Agency/ Person/Phone Number
<input type="checkbox"/> Mortgage	_____
<input type="checkbox"/> Landlord	_____
<input type="checkbox"/> Utility Company	_____
<input type="checkbox"/> Legal Aid	_____
<input type="checkbox"/> Mental Health	_____
<input type="checkbox"/> Human Services	_____
<input type="checkbox"/> Pharmacy	_____
<input type="checkbox"/> Physician	_____
<input type="checkbox"/> Attorney/Court	_____
<input type="checkbox"/> Probation	_____
<input type="checkbox"/> Law Enforcement	_____
<input type="checkbox"/> Hospital: Medical/Psychiatric	_____
<input type="checkbox"/> Day Care Provider	_____
<input type="checkbox"/> Other	_____



I release Gunnison County Housing Authority from any and all liability for supplying such information.

Signature: _____

Date: _____

Signature: _____

Date: _____

Caseworker: _____

Date: _____

This authorization shall continue in effect for one year or until rescinded in writing. This document may contain confidential information which is legally privileged. The information is intended for the use of the individuals or entity named above. If you are not the intended recipient you are hereby notified that any disclosure, copying, distribution, or the taking of any action regarding the contents of this information is strictly prohibited.

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8). ** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**



STUDENT QUESTIONNAIRE

Applicant/Resident _____ Date _____

Property _____

TO BE COMPLETED BY APPLICANT / RESIDENT

Yes **No**

Are you student at an institution of higher education?

**Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you have answered NO, please skip the following questions and sign below.

If you answered YES, the owner agent is required to determine your eligibility as a student. Please complete the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will you be living with your parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If no: | | |
| a) Are your parents receiving or eligible to receive Section 8 assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are you claimed as a dependent on your parent's tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a graduate or professional student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you at least 24 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you a veteran of the United States military? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you married? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a dependent child? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have dependents other than a child or spouse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been independent of your parents for at least one year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you disabled? | <input type="checkbox"/> | <input type="checkbox"/> |
| a) If yes, were you receiving housing assistance as of 11/30/2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you receiving any financial assistance to pay for your education? | <input type="checkbox"/> | <input type="checkbox"/> |



If so – Please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Print Name _____

Signature _____

Date _____





**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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.

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.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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:

Gunnison County Housing Authority
202 E. Georgia Ave.
Gunnison, CO 81230

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

Signature

Date

Printed Name

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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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.

Form HUD-92006 (05/09)

Authorization for the Release of Information/ Privacy Act Notice

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

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Gunnison County Housing Authority
Housing Specialist Mary B. Vader
202 E. Georgia
Gunnison, CO 81230

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

NONE

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(C) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from the sources will be used to verify information that I provide determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

ATTACHMENT 5
FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) collects information on tenants in HUD-Assisted rental housing. The U.S. Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families.

Public housing agencies (PHAs) operating such housing send HUD information on their tenants' income, family composition, rent, etc. This information was already given by the tenants to the PHA when applying or being re-examined. It is transferred to HUD forms used for data collection. The forms may be sent to a contractor who keypunches the information in preparation for processing by HUD computers.

USE: HUD uses the information for budget development, program evaluation and planning, and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirement on eligibility and rent and to verify the accuracy and completeness of the income information.

PUBLIC ACCESS: Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State or local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal or regulatory matters.

The Privacy Act restricts HUD's disclosure of information on individuals and families but does not restrict the PHA from releasing such information. There may be State and local laws or regulations that govern disclosure by the public housing agency.

INFORMATION REQUIREMENTS: Federal regulations require that all family members over the age of six provide their Social Security Number. HUD used the Social Security number as an identifier in computer matching to check the eligibility and rent determinations made by the PHA.

The other information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities. Failure to do so may result in eviction or the withdrawal of housing assistance (depending upon the housing program).

AUTHORITY: HUD is permitted to ask for the information by the U.S. Housing Act of 1937 as amended, 42 U.S.C., 1437 et. Seq., the Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat., 348, 408.

SIGNATURE: I HAVE READ THIS FEDERAL PRIVACY ACT STATEMENT ON _____
Date

Head of Household

Spouse

If you feel you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 800-424-8590 (within Washington D.C. Metropolitan Area, call 426-3500).

DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS:

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the 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 evidence of proof of age 2/; or
- () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
 - () Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (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 to life or freedom under §243(h) of the INA 7/; or
 - () Amnesty under §245 of the INA 8/.

(Signature of Family Member)

(Date)

- () Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*]); or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.