

Syracuse Housing Authority
Income / Household Change and Verification Form
Personal Declaration

Last Name of Tenant	First Name:	Phone No.:	Account Number
Address			

YOU MUST PROVIDE VERIFICATION DOCUMENTATION

Household Information: Please list **ALL** people living in your household.

Name First, Middle Initial, Last	What is this person's relationship to you?	Date of Birth (Mo./Day/Year)	Social Security Number	Is this person in school, grades K-12?		Is this person attending college?	
				Yes	No	Yes	No

Earned Income Is anyone living with you (you, spouse and/or your children) currently employed? **yes no**

1. Name of household member employed	
Name of Employer	Start Date
Hourly rate:	Paid: weekly, bi-weekly, semi monthly, monthly
Part time, full time, seasonal, day rate	
2. Name of household member employed	
Name of Employer	Start Date
Hourly rate:	Paid weekly, bi-weekly, semi monthly, monthly
Part time, full time, seasonal, day rate	

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I understand that an applicant or resident in the public housing program must not knowingly: 1. Make a false statement to the SHA [Title 18 U.S.C. Section 1001]; 2. Provide incomplete or false information to the PHA [24 CFR 960.259(a)(4)]; Commit fraud, or make false statements in connection with an application for assistance or with reexamination of income [24 CFR 966.4(1)(2)(iii)(C)].

Signature _____ Date _____



516 Burt Street / Syracuse, New York 13202 / PH 315.475.6181 / FAX 315-470-4203 / www.syracusehousing.org

We are an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, religion, sex, family status or disability. This document is available in an alternate, accessible format upon request. Promovemos la igualdad de oportunidades de acceso a la vivienda. No discriminamos en base a raza, color, nacionalidad, religión, sexo, estado civil o discapacidad. Este documento se encuentra también disponible en un formato accesible a pedido.

Unearned Income: Does anyone in your family (you, spouse, children) have any other income? **Yes no**

- Yes / No TANF: Temporary Assistance Yes / No Child Support / Alimony Yes / No Unemployment
Yes / No (SSI) Yes / No Worker's Compensation Yes / No State Disability benefits
Yes / No (SSD) Yes / No Interest, annuities Yes / No Social Security
Yes / No Survivor's benefits Yes / No Veteran's Benefits Yes / No Military Allotment
Yes / No Self Employment Yes / No Railroad Retirement
Yes / No Cash, gifts, help from family Yes / No Life Insurance OTHER _____
Yes / No payments from real or personal property

Who receives this Income?	Relationship to YOU	Type of Income (from list above)	Source of income	Dates income received (mm/yy to mm/yy)	Monthly amount received
					\$

1. Have you ever used a different social security number?
2. Do you have child care Expenses? (fill out Child Care Expense Form)
3. Do you have medical expenses?
4. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?

Timely Report Changes: I understand that I am required to give True and Complete information and TIMELY report to SHA **within 30 days** any change in income as defined in 24 CFR § 5.609 or change in household composition or family size.

Verification Documentation: I understand that in addition to this form to be in compliance with timely reporting any change in income or household composition that I MUST provide verification documentation verification documentation or other information in accordance with 24 CFR 960.259(a) that the SHA or HUD determines necessary in the administration of public housing programs reexamination or an interim reexamination of family income and composition.

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is **accurate and complete** to the best of my knowledge.

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____



516 Burt Street / Syracuse, New York 13202 / PH 315.475.6181 / FAX 315-470-4203 / www.syracusehousing.org

We are an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, religion, sex, family status or disability. This document is available in an alternate, accessible format upon request. Promovemos la igualdad de oportunidades de acceso a la vivienda. No discriminamos en base a raza, color, nacionalidad, religión, sexo, estado civil o discapacidad. Este documento se encuentra también disponible en un formato accesible a pedido.

Syracuse Housing Authority

516 Burt Street

Syracuse, New York 13202

Applicant / Tenant Certification

GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge. I have reviewed Parts II, III and IV of the HUD Form 50059 and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSTION

I know that I am required to report, within 30 days, any change in income or household composition. Reports of change in income or household composition will lead to an interim rent redetermination. If I fail to report such change, resulting in paying less rent than I should have paid, I understand that the increase in rent may be applied retroactively. I also understand that if I have a visitor for more than two (2) weeks, I must report such to the Property Manager in the development where I reside.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not money is owed. I certify that for this previous assistance I did not commit fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the apartment which I lease from the Syracuse Housing Authority will be my principal residence and that I will not obtain duplicate Federal Housing Assistance while I am in this current program. I will not live anywhere else without notifying the Syracuse Housing Authority, immediately in writing that I wish to terminate my lease. I will not sublease my unit.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility level or benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand that failure or refusal to do so may result in delays or termination of housing assistance.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance and termination of tenancy, as well as, punishable under Federal Law.

SIGNATURE OF HEAD OF HOUSEHOLD

SHA ACCOUNT # _____

1. _____

DATE: _____

2. _____

DATE: _____

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity Hotline at 1-800-849-4230.

SYRACUSE HOUSING AUTHORITY'S (SHA'S) CERTIFICATION

Giving True and Complete Information

I certify that all the information provided to the SHA on household composition, income, family assets and items for allowances and deductions, is TRUE and complete to the best of my knowledge. I understand that an applicant or resident in the public housing program must not knowingly:

1. Make a false statement to the SHA [Title 18 U.S.C. Section 1001].
2. Provide incomplete or false information to the PHA [24 CFR 960.259(a)(4)].
3. Commit fraud, or make false statements in connection with an application for assistance or with reexamination of income [24 CFR 966.4(l)(2)(iii)(C)].

Reporting Changes in Income or Household Composition (Size)

As a tenant I understand that I am required to **TIMELY report** to SHA Property Management **within 30 days** any change in income as defined in **24 CFR § 5.609**. I am also required to TIMELY report any information regarding my change in household composition or family size.

Timely reporting is defined as the following:

1. **Income / Household Change and Verification Form:** filling out completely, signing and submitting to the SHA, the "Income / Household Change and Verification Form" and any other required forms.
2. **Consent Forms:** signing **the required consent forms** to assist the SHA in obtaining verification documentation. 24 CFR 960.259(b); 24 CFR § 5.230.
3. **Verification Documentation:** providing verification documentation that the SHA or HUD determines necessary. 24 CFR 960.259

Penalties for Program Abuse or Violations

1. **Retroactive rent charge:** I understand that if I do NOT TIMELY report any change in income or household composition, I may be required to reimburse the SHA for the difference between the tenant rent that should have been paid and the tenant rent that was charged (**retroactive rent**).
2. **Repayment agreement:** I understand that if I refuse to enter into a **repayment agreement** to pay back the retroactive rent, the SHA **must** terminate my tenancy. HUD does **not** authorize any PHA-sponsored amnesty or debt forgiveness programs.
3. **Lease Termination:** I understand that SHA may also terminate my lease for cause if my actions are considered to be fraud. This also includes the SHA obtaining a warrant from the Syracuse City Court to remove me from possession of my unit and a **money judgment** for any rent arrears owed to the SHA.
4. **State / Federal Prosecution for Fraud:** I understand that if the SHA considers my actions to be **fraud**, the SHA may forward my case for **state or federal prosecution**.
5. **HUD's EIV system:** I understand that any debt owed to SHA and any violation will be reported to HUD and entered into HUD's EIV system. I will not be able to participate in another public housing program or Section 8 program in the U.S. until the debt is paid in full.

*** In accordance with 24 CFR 982.552 and 960.203, the PHA may deny admission to a program if the family is not suitable for tenancy for reasons such as, but not limited to: Unacceptable past performance in meeting financial obligations, history of criminal activity, eviction from Federally assisted housing in the last five years, family has committed fraud, bribery, or any other corrupt or criminal act in connection with a Federal housing program, or if a family currently owes rent or other amounts to the PHA or to another PHA in connection with a Federally assisted housing program under the U.S. Housing Act of 1937.

Name _____ Date _____
Name _____ Date _____



516 Burt Street / Syracuse, New York 13202 / PH 315.475.6181 / FAX 315-470-4203 / www.syracusehousing.org

We are an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, religion, sex, family status or disability. This document is available in an alternate, accessible format upon request. Promovemos la igualdad de oportunidades de acceso a la vivienda. No discriminamos en base a raza, color, nacionalidad, religión, sexo, estado civil o discapacidad. Este documento se encuentra también disponible en un formato accesible a pedido.



SYRACUSE HOUSING AUTHORITY

Building Neighborhoods. Growing Dreams

EMERGENCY CONTACT INFORMATION
AND
INSTRUCTION TO SHA IN CASE OF MEDICAL EMERGENCY OR DEATH

SHA Tenant Name _____

Street Address _____ Apt # _____ Zip Code _____

Home Phone or Cell phone # _____ Work # _____

I, _____, a current tenant of the Syracuse Housing Authority, hereby request that if I should become gravely ill or perish while being a tenant of SHA, only the following person(s) be allowed to enter my apartment to handle my affairs, as I have directed. These persons are to be contacted in any emergency situation.

First Emergency Contact:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell phone _____ Work phone _____

2nd Emergency Contact:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell phone _____ Work phone _____

I hold SHA harmless, should the above named persons not address my estate in a reasonable time frame, as determined by SHA.

Signature _____ Date _____

SHA Representative _____ Date _____

**SYRACUSE HOUSING AUTHORITY
516 BURT STREET
SYRACUSE, NY 13202**

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the SYRACUSE HOUSING AUTHORITY any information or documentation needed to complete and verify my application for participation and/or to maintain my continued assistance.

I give my consent for the release also for the minor children in my care who live with me. I understand and agree this authorization or the information obtained with its use may be given to and used by the Syracuse Housing Authority only in administering and enforcing program rules and policies.

INFORMATION COVERED:

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited, to:

- | | |
|---|--|
| Credit History | Identity and Marital Status |
| Criminal Activity | Social Security Numbers |
| Family Composition | Residences and Rental History |
| Employment, Income, Pensions and Assets | Federal, State, Tribal or Local Benefits |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a Housing Assistance Program.

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

- | | |
|--|-------------------------------------|
| Banks and Other Financial Institutions | U.S. Social Security Administration |
| Courts | U.S. Department of Veterans Affairs |
| Law Enforcement Agencies | Providers of: |
| Credit Bureaus | Alimony |
| Employers (Past and Present) | Child Support |
| Landlords | Credit |
| School and Colleges | Pension/Annuities |
| Welfare Agencies | Utilities |

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization will be kept on file with the Syracuse Housing Authority. I understand that I have a right to correct any information that I can prove is incorrect.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

_____ Head of Household's Signature	_____ Print Name Here	_____ Date
_____ Other Adult Member's Signature	_____ Print Name Here	_____ Date
_____ Other Adult Member's Signature	_____ Print Name Here	_____ Date



516 Burt Street / Syracuse, New York 13202 / PH 315.475.6181 / FAX 315-470-4203 / www.syracusehousing.org

We are an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, religion, sex, family status or disability. This document is available in an alternate, accessible format upon request. Promovemos la igualdad de oportunidades de acceso a la vivienda. No discriminamos en base a raza, color, nacionalidad, religión, sexo, estado civil o discapacidad. Este documento se encuentra también disponible en un formato accesible a pedido.

LANDLORD INFORMATION/ADDRESS HISTORY FOR THE PAST 5 YEARS

Include all history for **everyone** who is listed on your Leonard Buildings application who is 18 years of age or older, or the application will be deemed incomplete, and will not be processed. If you were not the Head of Household, list who was. Include the Landlord's name and complete address (street, city and zip code). Please attach additional information, if needed. The local Tax Assessor's office may be able to help you obtain the complete address for each Landlord.

CURRENT ADDRESS

House # Street City Zip code

LANDLORD'S NAME LANDLORD'S PHONE #

LANDLORD'S ADDRESS

MONTH AND YEAR YOU RESIDED HERE TO

REASON FOR MOVING

PREVIOUS ADDRESS

House # Street City Zip code

LANDLORD'S NAME LANDLORD'S PHONE#

LANDLORD'S ADDRESS

MONTH AND YEAR YOU RESIDED HERE TO

REASON FOR MOVING

PREVIOUS ADDRESS

House # Street City Zip code

LANDLORD'S NAME LANDLORD'S PHONE #

LANDLORD'S ADDRESS

MONTH AND YEAR YOU RESIDED HERE TO

REASON FOR MOVING

PREVIOUS ADDRESS

House # Street City Zip code

LANDLORD'S NAME LANDLORD'S PHONE #

LANDLORD'S ADDRESS

MONTH AND YEAR YOU RESIDED HERE TO

REASON FOR MOVING



516 Burt Street / Syracuse, New York 13202 / PH 315.475.6181 / FAX 315-470-4203 / www.syracusehousing.org

We are an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, religion, sex, family status or disability. This document is available in an alternate, accessible format upon request. Promovemos la igualdad de oportunidades de acceso a la vivienda. No discriminamos en base a raza, color, nacionalidad, religión, sexo, estado civil o discapacidad. Este documento se encuentra también disponible en un formato accesible a pedido.

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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

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 is 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 is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(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 concerning unearned income (i.e., interest and dividends). 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 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.