



**BURLINGTON HOUSING AUTHORITY**  
**65 MAIN STREET, SUITE 101**  
**BURLINGTON, VT 05401-8408**  
**PHONE: (802) 864-0538**  
**FAX: (802) 658-1286**  
**www.burlingtonhousing.org**



**RECERTIFICATION**  
**APPLICATION FOR CONTINUED OCCUPANCY OR RENTAL ASSISTANCE**

**INTRODUCTION**

Federal regulations require that recipients of federal housing assistance recertify their family composition, income, assets and deductions annually to ensure that your portion of the rent is calculated correctly.

**INSTRUCTIONS**

Please complete this Application for Continued Occupancy or Rental Assistance so that we can re-confirm your family's information and recalculate your rent contribution.

In addition to completing the application, you need to complete and sign the following forms:

1. BHA Authorization for Release of Information
2. HUD Authorization for Release of Information / Privacy Act Notice  
Form 9886 for Section 8 and Public Housing; or  
Form 9887 & 9887-A for other Managed Properties
3. Other releases as required by the assistance program

Please review the application carefully and answer all required questions fully and accurately. If you cannot fit all of the information in the space provided, add additional sheets. Incomplete applications will be returned to you. Failure to complete this form and to return the information by the due date is a violation of your lease or family responsibilities and is a basis for lease or rental assistance termination. If you have changes in your income or family members after you have completed and submitted this Application, it is very important that you notify BHA with the updated information. If we complete your Annual Recertification with inaccurate information it could result in your being charged a back rent amount at a later date, due to this unreported change. **It is your responsibility to always report any changes within ten (10) days of the change.** False statements or information are grounds for eviction or termination of rental assistance.

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IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR WRITE TO: **BURLINGTON HOUSING AUTHORITY**  
**65 MAIN STREET, SUITE 101**  
**BURLINGTON, VT 05401-8408**  
**(802) 864-0538, EXT 3**

**AFTER YOU HAVE COMPLETED THIS APPLICATION, KEEP THIS PAGE FOR FUTURE REFERENCE.**





## Notice of Interpretation Services

Other languages available upon request.

### English

If you do not speak or read English, we will arrange interpretation services at no charge. Tell the person helping you that you need an interpreter.

### Arabic

إن أنت لا تتكلم اللغة الإنجليزية أو تقرأها، سنقوم بالترتيبات لتقديم خدمات الترجمة الشفهية دون مقابل لك. أخبر الشخص الذي يقدم لك المساعدة بأنك بحاجة إلى مترجم شفهي.

### Bosnian

Ako ne znate govoriti ili čitati engleski jezik, besplatno ćemo vam osigurati uslugu tumača. Kažite osobi koja vam pomaže da trebate tumača.

### Burmese

အင်္ဂလိပ်လို မပြောတတ်ပါက သို့မဟုတ် မဖတ်တတ်ပါက စကားပြန် ဝန်ဆောင်မှုများကို အခကြေးငွေမယူဘဲ ကျွန်ုပ်တို့ စီစဉ်ပေးပါမည်။ သင်စကားပြန်လိုအပ်ကြောင်း သင့်ကိုကူညီနေသူအား ပြောပြပါ။

### Chinese

如果您无法用英语表达或阅读，我们将为您安排免费的口译服务。请告知为您提供帮助的人员，您需要口译服务。

### French

Si vous ne pouvez pas parler ou lire en anglais, nous arrangerons un service d'interprétation gratuit. Dites à la personne qui vous aide que vous avez besoin d'un interprète.

### Kirundi

Mu gihe uashoboye kuvuga canke gusosoma ururimi rw'icongereza, tuzukuronderera uwushobora kugufasha kubitahura twafashishije umuhinga mu guhindura indimi mu zindi. Hanyuma uraheza ukamenyesha uwo muntu asanzwe agufasha ko ukeneye uwugusobanurira mu rurimi wumva.

### Nepali

यदि तपाईं अङ्ग्रेजी भाषा बोल्नुहुन्न वा पढ्नुहुन्न भने हामी तपाईंलाई कुनै शुल्क नलगाइकन दोभासे सेवाको व्यवस्था मिलाउने छौं । तपाईंलाई मद्दत गर्ने व्यक्तिलाई तपाईंलाई दोभासे सेवा आवश्यक पर्छ भनेर बताउनुहोस् ।

### Pashto

که پر انگلیسي ليک او لوست نه شی کولی، موږ به په وړيا توگه د ژباړې خدمتونه درته تنظيم کړو. هغه کس ته چې له تاسو سره مرسته کوي ووايي چې تاسو ژباړن ته اړتيا لرئ



## Notice of Interpretation Services

Other languages available upon request.

### **Romanian**

Dacă nu vorbiți și nu înțelegeți limba engleză, noi vă vom pune la dispoziție gratuit serviciile unui interpret. Spuneți persoanei care vă ajută că aveți nevoie de interpret.

### **Russian**

Если Вы не говорите или не читаете по-английски, мы бесплатно предоставим Вам услуги устного перевода. Сообщите тому, кто Вам помогает, что Вам необходим переводчик.

### **Somali**

Haddii aadan ku hadlin ama aadan qorin Ingiriisi, waxaan ku qabanqaabin doonaa adeegyada turjumaada oo lacag la'aan ah. U sheeg qofka ku caawinaya inaad u baahan tahay turjumaan.

### **Spanish**

Si usted no habla o lee inglés, nosotros le proporcionaremos servicios de interpretación sin ningún costo para usted. Dígale a la persona que le está ayudando que necesita un intérprete.

### **Swahili**

Endapo huwezi kuzungumza au kusoma Kiingereza, tutaandaa huduma za tafsiri bila malipo yoyote. Mwambie mtu anayekusaidia kuwa unahitaji mkalimani.

### **Vietnamese**

Nếu quý vị không thể nói hoặc đọc được tiếng Anh, chúng tôi sẽ cung cấp dịch vụ thông dịch miễn phí. Hãy báo với nhân viên đang hỗ trợ quý vị rằng quý vị cần một thông dịch viên.

## **PRIVACY DISCLOSURE**

All information in applicant and tenant files is considered to be confidential, except that BHA may disclose information in tenant or applicant files to other public agencies, utility companies or non-profit organizations in furtherance of the operations or business of BHA. BHA may also disclose information relating to the tenancy of former BHA tenants and program participants to landlords who are seeking references and to credit bureaus. Medical information and information concerning a disability of any tenant or applicant will not be disclosed by BHA to any person or organization without a written release from the tenant or applicant in question.

Except for disclosure of information to landlords seeking references and to credit bureaus, any tenant or applicant who wishes to limit disclosure of information by BHA as provided above must notify the Executive Director of his/her wishes in writing.

BHA will keep all information received involving domestic violence, dating violence, sexual assault or stalking confidential, unless the victim requests or consents in writing to disclosure, the information is required in an eviction proceeding or disclosure is otherwise allowed by law. In addition, BHA will comply with the provisions of confidentiality laws and regulations that apply to BHA.

## **EQUAL OPPORTUNITY AND NON-DISCRIMINATION STATEMENT**

The Burlington Housing Authority (BHA) will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Fair Housing Amendments Act of 1988; The Americans with Disabilities Act of 1990; and with the laws of the State of Vermont prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements thereunder.

The BHA will not on account of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status, disability, gender identity or gender related characteristics, deny to any person the opportunity to apply for admission, nor deny to an eligible applicant the opportunity to lease or rent a dwelling suitable for its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived in whole or in part from public assistance. BHA will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be condoned.

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

## **DISCLOSURE TO APPLICANTS AND PROGRAM PARTICIPANTS WITH DISABILITIES**

Burlington Housing Authority's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize our housing programs and related services. BHA will consider requests for Reasonable Accommodations from persons with disabilities in order to afford them an equal opportunity to obtain the same result, to gain the same benefit or to reach the same level of achievement as those who do not have disabilities.

All of BHA's applications, forms, annual recertification questionnaires, etc. may be requested in an alternative format. Additionally, persons with disabilities may request that our annual recertification interviews, and other meetings, be held in private or at their apartment.

IF YOU NEED TO REQUEST A REASONABLE ACCOMMODATION, SUCH AS NEEDING ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US AT (802) 864-0538.





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**RECERTIFICATION**  
**APPLICATION FOR CONTINUED OCCUPANCY OR RENTAL ASSISTANCE**  
 Please complete all sections. Incomplete applications will result in the application being returned to you.

| HEAD OF HOUSEHOLD AND CONTACT INFORMATION |   |                                |  |  |
|---|---|--------------------------------|--|--|
| #1 First                                  | Last  |                                | Middle Initial/Maiden Name   | Relationship<br>Head Of Household                            |
| Social Security Number                    | Full Time Student<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Name of School (if applicable) | Birth Date (mm/dd/yyyy)  | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address                           |   | Phone Number<br>(       )      |  |  |
| Address Line 2                            |   | Email Address                  |  |  |
| City                                      | State   | Zip                            | Preferred Communications<br><input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> TTY |  |

| ADDITIONAL HOUSEHOLD MEMBERS  |   |                                |                            |  |
|---|---|--------------------------------|----------------------------|--|
| <i>Complete the following information for each person who will live in your apartment</i> |   |                                |                            |  |
| #2 First  | Last  |                                | Middle Initial/Maiden Name | Relationship   |
| Social Security Number  | Full Time Student<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Name of School (if applicable) | Birth Date (mm/dd/yyyy)    | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |
| #3 First  | Last  |                                | Middle Initial/Maiden Name | Relationship   |
| Social Security Number  | Full Time Student<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Name of School (if applicable) | Birth Date (mm/dd/yyyy)    | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |
| #4 First  | Last  |                                | Middle Initial/Maiden Name | Relationship   |
| Social Security Number  | Full Time Student<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Name of School (if applicable) | Birth Date (mm/dd/yyyy)    | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |
| #5 First  | Last  |                                | Middle Initial/Maiden Name | Relationship   |
| Social Security Number  | Full Time Student<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Name of School (if applicable) | Birth Date (mm/dd/yyyy)    | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |
| #6 First  | Last  |                                | Middle Initial/Maiden Name | Relationship   |
| Social Security Number  | Full Time Student<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Name of School (if applicable) | Birth Date (mm/dd/yyyy)    | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |

Do you expect any additions to the household within the next twelve (12) months?       Yes       No

If Yes, please explain: \_\_\_\_\_

Do you have full custody of your child(ren)       Yes       No

Explanation: \_\_\_\_\_

Are there any absent household members who, under normal circumstances, would live with you, such as a family member away in military duty?       Yes       No

Explanation: \_\_\_\_\_

## HOUSEHOLD INCOME

*Include all income or financial benefits anticipated for the next twelve months, received by ALL household members, regardless of age. Any 'Yes' for questions 1 – 16 requires a detailed explanation in the table below.*

| Yes                      | No                       | Do you or anyone in your household receive or expect to receive income from: |  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
|--------------------------|--------------------------|--|--|-----|----|------------------------------|--|--------------------------|--------------------------|----------------------------------|----------------|--------------------------|--------------------------|--------------|---------------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|-------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.   | Employment wages or salaries? <i>Including overtime, tips, bonuses, commissions and payments received in cash</i>  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.   | Self-employment?   |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.   | Regular pay as a member of the Armed Forces?   |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 4.   | Unemployment benefits or worker's compensation?  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 5.   | General Assistance, Aid to Needy Families with Children (ANFC)?  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 6a.  | Child Support or alimony? <i>Any AWARDED amounts, collected to uncollected. We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, or received directly from the payor.</i>  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
|                          |                          | 6b.  | <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> <th style="width: 60%;">How is the support received?</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Child Support Enforcement Agency</td> <td style="text-align: right; font-size: small;">Name of agency</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Court of Law</td> <td style="text-align: right; font-size: small;">Name of court</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Directly from Individual</td> <td style="text-align: right; font-size: small;">Name of person</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other</td> <td style="text-align: right; font-size: small;">Explain</td> </tr> </tbody> </table> | Yes | No | How is the support received? |  | <input type="checkbox"/> | <input type="checkbox"/> | Child Support Enforcement Agency | Name of agency | <input type="checkbox"/> | <input type="checkbox"/> | Court of Law | Name of court | <input type="checkbox"/> | <input type="checkbox"/> | Directly from Individual | Name of person | <input type="checkbox"/> | <input type="checkbox"/> | Other | Explain |
| Yes                      | No                       | How is the support received?   |  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support Enforcement Agency   | Name of agency   |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Court of Law   | Name of court  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Directly from Individual   | Name of person   |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Other  | Explain  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
|                          |                          | 6c.  | <input type="checkbox"/> <input type="checkbox"/> If money is not actually received, are you taking legal action to remedy? Explain:   |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 7.   | Social Security, SSI or any other payments from the Social Security Administration?  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 8.   | Veteran's benefits, pensions, retirement benefits or annuities?  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 9.   | Severance payments?  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 10.  | Settlements, such as insurance settlements?  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 11.  | Disability, death benefits or life insurance dividends?  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 12.  | Regular gifts or payments from anyone outside the household?   |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 13.  | Educational grants, scholarships, or other student benefits?   |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 14.  | Lottery winnings or inheritances?  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 15.  | Payments from rental property, land contracts or other forms of real estate?   |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 16.  | Any other income sources or types not listed, such as: food stamps, fuel assistance, dividends?  |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | 17.  | Do you or any household member expect any changes to your income in the next twelve (12) months?   |     |    |                              |  |                          |                          |                                  |                |                          |                          |              |               |                          |                          |                          |                |                          |                          |       |         |

## INCOME SOURCES

*Employer or other sources of income (Unemployment, Welfare, General Assistance, Social Security, Pension, etc.) You must include ALL family members, regardless of age.*

| Family Member | Source (Name of Employer, SS, VA, TANF, etc.) | Weekly/Monthly Gross Income | Annual Income |
|---------------|---|-----------------------------|---------------|
|               |   |                             |               |
|               |   |                             |               |
|               |   |                             |               |
|               |   |                             |               |
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|               |   |                             |               |



## ZERO INCOME VERIFICATION

**Yes**       **No**      Are YOU or any other ADULT family member claiming zero income? If yes, who:

## ASSET INFORMATION

Include all assets held and the corresponding annual interest rate, dividends, and/or other income derived from the asset. An asset is defined as a lump sum amount that you hold and currently have access to.

- | Yes                      | No                       | Do YOU or ANYONE in your household hold:  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Checking or savings accounts?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. CDs, money market accounts or treasury bills?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Stocks, bonds or other securities?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Trust funds?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Pensions, IRAs, KEOGH or other retirement accounts   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Cash on hand over \$500?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Real estate, rental property, land contracts/contract for deed or other real estate holdings?<br><i>This includes your personal residence, mobile homes, vacant land, farms, vacation home or commercial property.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Personal property as an investment?<br><i>Including paintings, coin or stamp collections, artwork, collector or show cars and antiques.</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. A safe deposit box?  |

| Question Number | Family member | Asset            | Account Number | Type    | Annual Interest Rate | Amount   |
|-----------------|---------------|------------------|----------------|---------|----------------------|----------|
| Ex: 1           | John          | Charter One Bank | 123456         | Savings | 1%                   | \$273.78 |
|                 |               |                  |                |         |                      |          |
|                 |               |                  |                |         |                      |          |
|                 |               |                  |                |         |                      |          |
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|                 |               |                  |                |         |                      |          |
|                 |               |                  |                |         |                      |          |

## DISPOSITION OF ASSETS

**Yes**       **No**      Have you or any family member disposed of or given away any asset(s) for **LESS** than fair market value within the past two years? If Yes:

Family Member \_\_\_\_\_

Amount \_\_\_\_\_

Explanation \_\_\_\_\_

### MEDICAL EXPENSES

*If you are elderly and/or disabled and pay all or part of your medical expenses, you may be entitled to an allowance to offset your portion of the rent. Please list the pharmacies, doctors, dentists, hospitals, medical equipment suppliers and insurance providers which you must make payment to (which is not reimbursed by insurance), so we can verify your out of pocket expenses.*

|  |  |         |                          |
|--|--|---------|--------------------------|
| <b>Doctors, Dentists &amp; Hospitals</b> |  |         |                          |
|  |  |         |                          |
|  |  |         |                          |
| <b>Pharmacies</b>                        |  |         |                          |
|  |  |         |                          |
|  |  |         |                          |
| <b>Medical Equipment Suppliers</b>       |  |         |                          |
|  |  |         |                          |
|  |  |         |                          |
| <b>Health/Medical Insurance</b>          |  | Premium | Monthly/Quarterly/Yearly |
|  |  |         |                          |
| <b>Medicare Medicaid or Both</b>         |  |         |                          |
| <b>Medicaid ID #</b>                     |  |         |                          |
| <b>Lifeline Emergency Response</b>       |  |         |                          |

### CHILD CARE EXPENSES

*List both your weekly out of pocket costs and the amount provided from other sources. Other sources can include SRS, welfare, or a parent not part of the household.*

|                         |       |     |                   |  |
|-------------------------|-------|-----|-------------------|--|
| Childcare Provider Name |       |     | Your Weekly Cost: |  |
| Mailing Address         |       |     |                   |  |
| Address Line 2          |       |     | SRS Payment:      |  |
| City                    | State | Zip |                   |  |

### CRIMINAL INFORMATION

|                          |                          |   |         |
|--------------------------|--------------------------|---|---------|
| <b>Yes</b>               | <b>No</b>                | <b>Have you or any family member been charged with or convicted of a crime during the past year? If Yes, give details of the crime, when it took place and where?</b> |         |
| <input type="checkbox"/> | <input type="checkbox"/> |   |         |
|                          |                          | Family Member   | Crime   |
|                          |                          | When  | Details |
|                          |                          | Where   |         |

**EMERGENCY CONTACT**

*If possible, list someone in the area who is not part of your household*

|                 |      |                           |
|-----------------|------|---------------------------|
| First           | Last | Relationship              |
| Mailing Address |      | Phone Number<br>(       ) |

**Applicant Certification**

*To be completed by applicants applying for section 8 rental assistance only*

I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law. I also understand that false statements or information are grounds for denial of my application or termination of my assistance.

\_\_\_\_\_

Head of Household

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Head of Household

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult

\_\_\_\_\_

Date



## 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):

**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.

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/we consent to allow Burlington Housing Authority to request and obtain information from third party sources relevant and necessary for the processing of my application for federally assisted housing, for the periodic determination of my rental obligations, and for the periodic determination of my continued eligibility for housing.

Sources that may be contacted and that are authorized to release requested information include, but are not limited to: income and benefit sources, asset sources, sources for eligible deductions from income (pharmacy/prescription, doctor, dental expenses, medical insurance, etc), landlords, credit bureaus, character references, personal references, utility companies, social service providers, courts, police departments and corrections departments.

Copies of this authorization shall have the same force and effect as the original.

This authorization shall remain effective for the duration of my receipt of rental assistance from the Burlington Housing Authority.

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

\_\_\_\_\_  
Spouse    Signature                                  Date

\_\_\_\_\_  
Other family member,  
age 18 or older                                  Signature                                  Date

\_\_\_\_\_  
Other family member,  
age 18 or older                                  Signature                                  Date

\_\_\_\_\_  
Other family member,  
age 18 or older                                  Signature                                  Date

File Name: \_\_\_\_\_

