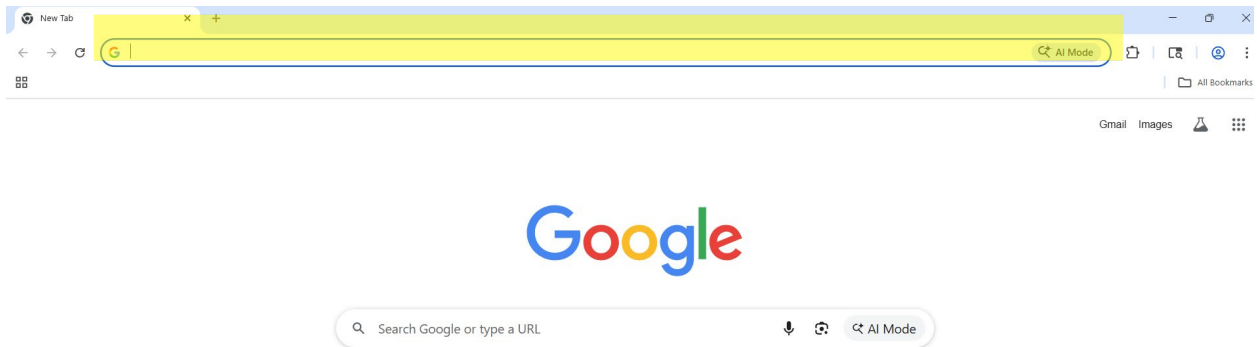




You must register and certify to watching the briefing video. If the link is not working, please copy and paste in the address bar of your search engine. (Very top bar of the screen)



Video link:

<https://www.ohfa.org/special-purpose-enrollment/>

Password: special

Please attach a copy of the registration confirmation email to the referral packet. (on the registration form please put the caseworker email in the email confirmation box)

Questions call: 405-419-8177

Return completed forms to OHFA at:

Email: RAEmails@ohfa.org

Drop Box:

<https://www.dropbox.com/scl/fo/phfkosnofeee3vgyxomoh/ADakzW9b5A16NBdVR4dipMg?rlkey=986cw3oqq10c0bs0fdu223bi&st=xupzy416&dl=0>



Living Choice Program Referral

Client name:	Client date of birth:	Case manager:
Case manager phone:	Case manager email:	Facility name:

Return completed forms to OHFA at:

Email: RaEmails@ohfa.org

Upload to OHFA Rental Assistance

<https://www.dropbox.com/request/HJPpjdRGLFhXkfW5y0kx>

Please allow 10 days for processing and we will reach out to the case worker listed on the briefing certification form.



**Money Follows the Person/Living Choice Program
&
Referral for Services**

The applicant listed below is a person with disabilities and is a participant under the Oklahoma Health Care Authority's Living Choice Program.

_____ Print Name of Applicant	_____ SSN (last four digits only)	_____ Referral Date
---	---	-------------------------------

_____ Print Name of Transition Coordinator/Case Manager	_____ Phone Number (incl. area code)
---	--

Signature of Transition Coordinator/Case Manager

Authorization to Release Information

I, _____, authorize the Oklahoma Housing Finance Agency (OHFA) to discuss and release information about my application, (re)certification, and inspection for the Section 8 Housing Choice Voucher Program to the Oklahoma Health Care Authority/Living Choice Program Transition Coordinator/Case Manager listed above and/or other OHCA Living Choice Staff.

I understand this Authorization shall remain in effect until I submit to OHFA a signed and dated request terminating the authorization.

_____ Signature of Applicant	_____ Date
--	----------------------

*****IMPORTANT INSTRUCTIONS*****

Watch the the Briefing Video at <https://www.youtube.com/watch?v=X8lgKVzQ0P8>

- **CHECK ALL PAGES**
 - ✓ ALL ASSETS, INCOME AND DEDUCTIONS FOR ALL HOUSEHOLD MEMBERS MUST BE LISTED
- **PROVIDE ALL SIGNATURES REQUIRED**
 - ✓ ALL ADULTS IN HOUSEHOLD MUST SIGN ALL FORMS AS INDICATED BELOW, which includes anyone 18 years or older or who is going to be 18 prior to or on the recert date.
- **MUST RETURN ALL PAGES** which includes:
 - ✓ **OHFA-Tenant Information Form(TIF) QUESTIONNAIRE**
 - ❖ This form must be completed and signed by all adults, 18 years or older, on the assistance or to be added to the assistance. All information requested must be provided for all persons who will reside in the assisted unit.
 - ✓ **DECLARATION OF CITIZENSHIP**
 - ❖ This form is to be completed by Eligible Participant. Must list all family members that will be in the household and list if they are citizens or not. If the member of the household is an adult 18 years or older, they must sign the form. Page 2 under HEAD OF HOUSEHOLD must be signed by head of household as well.
 - ✓ **HUD-62675 DEBTS OWED TO PUBLIC HOUSING AGENCIES**
 - ❖ This form is to be completed by participant and sign on the second page.
 - ✓ **HUD-92006 APPLICATION SUPPLEMENT**
 - ❖ This form is to be completed by Participant. Participant must provide alternate contact information and reason to contact if you choose for OHFA to contact another person on their behalf or mark that they choose not to have an alternate contact and sign the form.
 - ✓ **DRUG AUTHORIZATION**
 - ❖ This form must be read carefully and any information provided that is requested for all adult family members (18 or older on or before the recert date) that are on the assistance or are to be added to the assistance along with their date of birth.
 - ✓ **HUD-9886 AUTHORIZATION FOR THE RELEASE OF INFORMATION**
 - ❖ This form must be signed by you and all adults (18 or older on or before the recert date) who will reside in the assisted unit.
 - ✓ **HUD-82646 HOUSING CHOICE VOUCHER**
 - ❖ This form is to be signed by participant.
- Enclose ALL documents to verify assets, income and deductions.
 - ✓ Use the What You Need to Return listing to assist you with questions.
- **QUESTIONS?** Call 800-256.-1489, ext. 177 or 405-419-8177 for any assistance.

What You Need to Return

Assets – Provide current statement(s) dated within the last 14 days showing account or policy type, current balance, face value, cash value, interest, or dividends earned:

- Banks/Credit Unions
- For real estate, provide a current appraisal or county assessor value data and documentation of rental income.
- For royalty payments, dividends, CDs, stocks or bonds provide current statement(s).

Life Insurance – Provide statements(s) dated within the last 14 days or a copy of the policy that shows the type of policy (term, whole life, or burial), policy face value, current cash value, and date purchased.

Employment – Full/part-time including seasonal work (state fair, summer work, tax preparation, temporary agency, etc.) report wages, tips, overtime, commissions, bonuses and provide:

- 2 current consecutive pay stubs dated within the last 14 days, or
- a current employer letter dated with the last 14 days on company letterhead, stating date of hire, pay rate, hours worked, how often paid, signed, and dated.

Social Security (SS) or Supplemental Security Income (SSI) – Provide a benefit letter dated within the last 14 days.

- **New applicants** -- You must provide a benefit letter (you may request a letter by calling toll-free **1-800-772-1213** (TTY **1-800-325-0778** or online at www.socialsecurity.gov).
- **Current participants** – If you are already receiving rental assistance, provide a benefit letter only if awarded after the last recertification appointment, or you have an overpayment or deduction being withheld, or you are adding someone to your assistance.
- **Veterans Benefits** – Provide a benefit letter within the last 14 days (you may request a letter by calling **1-800-827-1000**
- **Pension** – Provide the latest statement with the payment amount and how often it is received.

Self-Employment/Own a Business

- Provide the most recently filed tax return.

College – Provide a current Financial Aid Award letter or Financial Aid Shopping Sheet with a class schedule. Documentation verifying if the student lives on campus and if they attend full-time or part-time.

Contributions – Provide statement(s) signed and dated from person(s) not in your household, churches, or charities paying your living expenses, contributing money or giving personal items showing:

- Dollar amounts or estimated value
- How often it is provided or received
- Contact information

Child Support/Alimony – (Only if child support or alimony has been ordered) provide:

- Divorce/Separation agreements
- Court documents ordering child support

Medical Expenses – Only if head/spouse co-head is 62 years old or a person with disabilities. Provide statement(s), printouts, and receipt(s) for out-of-pocket costs you paid during the previous 12 months for:

- Medical insurance premiums
- Co-pays and pharmacy payments
- Past medical bills and current payment plan
- Mileage logs, in date order, with copies of office visit/payment receipts for each medical appointment you are claiming

Daycare – Provide recent billing statement(s) with provider name, address, and phone number that include:

- Amount paid (your portion) and how often
- Name of minor child(ren)

Proof of Identity – Provide valid photo ID for all household members 18 years old or older:

- If adding an adult member, provide a valid photo ID and social security card
- If adding a minor, provide a state certified birth certificate or current school records, and a social security card.
- If recently awarded guardianship or custody provide the court documents also.

TENANT INFORMATION FORM

Tenant ID

Please complete and review the following Tenant Information Form. This information will help us determine your assistance.

Head of Household	_____
Unit Address	_____
Unit City, State, ZIP	_____, _____
Mailing Address (if different than above)	_____
Telephone Number:	_____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____
Telephone Number:	_____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____
E-mail Address	_____ <input type="checkbox"/> I would like to receive correspondence via e-mail.

Part 1: Household Information

Starting on the first line for the Head of Household, please supply the following information for all adults and children that will live in the housing unit to be assisted. List adults first, then children. Enter one of the following codes in box 6 to identify the household relationship of each adult and child listed.

H = Head of Household
S = Spouse (Married)

K = Co-Head (Not Married)
F = Foster Child/Adult

Y = Youth Under 18
E = Full Time Student Over 18

L = Live-in Aide
A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		

TENANT INFORMATION FORM

Part 1: Household (Continued)

1. Does your family lack a regular nighttime residence, live in a shelter, or other non residential place? ☐ Yes ☐ No
2. Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing. ☐ Yes ☐ No
3. Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years? ☐ Yes ☐ No
4. Do you or any member of your household have a history of controlled substance or alcohol abuse that has not been abated through rehabilitation? ☐ Yes ☐ No
5. Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing? ☐ Yes ☐ No
6. Are you or any member of your household subject to a lifetime sex offender registration under a State sex offender registration program? ☐ Yes ☐ No
7. If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here:

Part 2: Unit To Be Occupied by Assisted Family (If Known)

Owner Information	Assisted Unit Information:
Name _____	Address _____ Apt. _____
Address _____	City _____
City _____ State _____ ZIP _____	State _____ ZIP(+4) _____
Home Telephone _____	Unit Entrance <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear
Work Telephone _____	Unit Floor Level <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other: _____

Part 3: Asset Information

1. Has any member of the family given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past two years? ☐ Yes ☐ No

List household assets held by any family member, irrespective of age, in the space provided below. An asset is any one of the following types without limitation:

401(k) or 403(b)	Checking Account	Life Insurance Policies	Pensions	Stocks
Bonds	Individual Retirement Accounts (IRA)	Money Market Account	Real Property (land)	Trust Funds
Certificate of Deposit	Inheritances	Mutual Funds	Savings Account	

DOCUMENTATION REQUIRED: Provide current statements showing the value and interest rate of each asset and check the Documentation Provided box for each income.

Account Holder	Type of Account	Account Number	Current Balance	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Account Holder	Type of Account	Account Number	Current Balance	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Account Holder	Type of Account	Account Number	Current Balance	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Account Holder	Type of Account	Account Number	Current Balance	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Attach Additional Sheets if Necessary

TENANT INFORMATION FORM

Part 4: Income Information

1. Did you file a Federal Income Tax Return last year? ☐ Yes ☐ No
2. Does anyone living outside your household pay for or provide money for any of your household bills or living expenses? ☐ Yes ☐ No

List income information for all family members 18 or older, including income received on behalf of the household members under the age of 18. Check "Fixed" for income that changes annually based on a COLA or Interest Rate. An income is any one of the following types without limitation:

Alimony Payments	Food Stamps	Self Employment	Wages/Salaries
Child Support	Military Pay	Social Security Benefits	Welfare Benefits
Disability Benefits	Periodic Gifts	SSI	Worker's Compensation
Financial assistance to attend school	Retirement Payments	Unemployment Benefits	

DOCUMENTATION REQUIRED: Provide two current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Provided box for each income.

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	-------------	-----------------------------------	----------------------	--

Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	<input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	-------------	--------------------------	----------------------	--

Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Attach Additional Sheets if Necessary

TENANT INFORMATION FORM

Part 5: Household Expenses

1. Does any adult household member (age 18 or older) attend school full time? (If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below.) ☐ Yes ☐ No
2. Does any member of your family have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult family member can work or attend classes? ☐ Yes ☐ No
3. Does any member of your family have UNREIMBURSED expenses for care of a person with disabilities so that an adult family member can work? ☐ Yes ☐ No
4. **ONLY complete the following if the head of household, spouse or co-head is age 62 or older, or has a disability.**
Does any member of your family have UNREIMBURSED medical expenses (ie. Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription/Non Prescription Medicines (prescribed by a physician))? ☐ Yes ☐ No

List expense information relating to questions marked as Yes in the lines above.

DOCUMENTATION REQUIRED: Provide documentation from Verification Source listing the monthly payment for each expense and check the Documentation Provided box for each expense.

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	--

Verification Source Name and Address

Attach Additional Sheets if Necessary

Part 6: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____

Date

Consent to Release Information Authorizations

Oklahoma Department of Human Services (DHS) Authorization

This Consent to Release Information must be signed by all adult family members.

Consent to Release Information: By signing below, I authorize Oklahoma Housing Finance Agency (OHFA) to request and obtain income and benefit information from the **Oklahoma Department of Human Services (DHS)** for myself and any minor children in my custody to determine program eligibility.

_____ Head of Household (signature)	_____ Date	_____ Spouse (signature)	_____ Date
_____ Printed Name		_____ Printed Name	
_____ Other Adult (signature)	_____ Date	_____ Other Adult (signature)	_____ Date
_____ Printed Name		_____ Printed Name	
_____ Other Adult (signature)	_____ Date	_____ Other Adult (signature)	_____ Date
_____ Printed Name		_____ Printed Name	

Oklahoma Employment Security Commission (OESC) Authorization

This Consent to Release Information must be signed by all adult family members.

Consent to Release Information: By signing below, I authorize Oklahoma Housing Finance Agency (OHFA) to request and obtain unemployment and income information from the **Oklahoma Employment Security Commission (OESC)** to determine program eligibility.

_____ Head of Household (signature)	_____ Date	_____ Spouse (signature)	_____ Date
_____ Printed Name		_____ Printed Name	
_____ Other Adult (signature)	_____ Date	_____ Other Adult (signature)	_____ Date
_____ Printed Name		_____ Printed Name	
_____ Other Adult (signature)	_____ Date	_____ Other Adult (signature)	_____ Date
_____ Printed Name		_____ Printed Name	

DECLARATION OF CITIZENSHIP

April 17, 2024

Applicant ID

PLEASE COMPLETE THIS FORM AND RETURN TO:

Oklahoma Housing Finance Agency
P.O. Box 26720
Oklahoma City, OK 73126-0720

Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X
			<input type="checkbox"/>	or	<input type="checkbox"/>	X

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call at to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

The Notice was provided by the below-listed PHA:

Oklahoma Housing Finance Agency
P.O. Box 26720
Oklahoma City, OK 73126-0720

405-842-2471

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

Signature**Date**

Printed Name:

Optional and Supplemental 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:	
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason to 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.

Signature of Applicant	Date
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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.

Drug/Criminal Information Release Authorization and Certification

Name: _____

Drug-related criminal activity means the illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with intent to manufacture, sell, distribute, or use the drug. This includes possession of drug paraphernalia.

Violent criminal activity means any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage.

I have not been charged/arrested/convicted for drug-related or violent criminal activity within the last 12 months. **If I am an applicant applying for rental assistance, I certify that I do not have a Medical Marijuana Card.**

I have never been convicted of manufacturing or producing methamphetamine on the premise of federally assisted housing. I have not been charged/arrested/convicted of possession/using/distributing/manufacturing methamphetamine within the last 12 months.

I have not been charged/arrested/convicted of a sex offense within the last 12 months. I am not subject to a lifetime sex offender registration requirement under any state sex offender registration program.

Certain criminal activities may not disqualify an individual but must be disclosed. However, if a preponderance of the evidence indicates an individual has engaged in the activity, regardless of whether a person has been charged, arrested, or convicted, OHFA may deny or terminate assistance.

☐

I certify that I am not currently engaged in and have not engaged in any illegal activity during the timeframes listed above.

☐

I have engaged in illegal activity during the timeframes listed above. Please list:

I certify that to the best of my knowledge and belief the information provided on this form is true and complete. I understand that this certification is for all adult household members and failure to report or provide accurate information may result in Denial of Admission or Termination of Assistance for illegal activities and/or misrepresentation.

By signing below, I consent to allow Oklahoma Housing Finance Agency (OHFA) to request, and I authorize the release of information from Federal, State, local agencies, police departments, and prosecutors regarding any criminal activity to OHFA to determine program eligibility.

Head of Household

Date of Birth

Spouse

Date of Birth

Other Adult

Date of Birth

Other Adult

Date of Birth

Voucher

Housing Choice Voucher Program

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

OMB No. 2577-0169
(Exp. 04/30/2026)

OMB Burden Statement: The public reporting burden for this information collection is estimated to be up to 0.05 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This collection of information is required for participation in the housing choice voucher program. Assurances of confidentiality are not provided under this collection. 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, U.S. Department of Housing and Urban Development, Washington, DC 20410. 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.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by 24 CFR §982.302. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

Please read entire document before completing form. Fill in all blanks below. Type or print clearly.		Voucher Number
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)		1. Unit Size
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.		2. Issue Date (mm/dd/yyyy)
3. Date Voucher Expires (mm/dd/yyyy) must be at least sixty days after date Voucher is issue. (See Section 6 of this form.)		3. Expiration Date (mm/dd/yyyy)
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)		4. Date Extension Expires (mm/dd/yyyy)
5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)
7. Name of Public Housing Agency (PHA) Oklahoma Housing Finance Agency		
8. Name and Title of PHA Official	9. Signature of PHA Official	Date Signed (mm/dd/yyyy)

1. Housing Choice Voucher Program

- The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determine the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

2. Voucher

- When issuing this voucher the PHA expects that if the family finds an approval unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to anyother person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.
- The voucher does not give the family any right to participate in the PHA's housing choicevoucher program. The family becomes participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
- During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

3. PHA Approval or Disapproval of Unit or Lease

- When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (of the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**
- The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.
- The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provision of the HUD tenancy addendum shall control.
- After receiving the request for tenancy approval and a copy of the lease, the PHA will inspect the unit. The PHA may not give approval for the family to lease the unit or execute the HAP contract until the PHA has determined that all the following program requirements are met: the unit is eligible; the unit has been inspected by the PHA and passes the housing quality standards (HQS); the rent is reasonable; and the landlord and tenant have executed the lease including the HUD-prescribed tenancy addendum.

Document ID: 19932052867

- E. If the PHA approves the unit, the PHA will notify the family and the owner, and will furnish two copies of the HAP contract to the owner.
 - 1. The owner and the family must execute the lease.
 - 2. The owner must sign both copies of the HAP contract and must furnish to the PHA a copy of the executed lease and both copies of the executed HAP contract.
 - 3. The PHA will execute the HAP contract and return an executed copy to the owner.
- F. If the PHA determined that the unit or lease cannot be approved for any reason, the PHA will notify the owner and the family that:
 - 1. The proposed unit or lease is disapproved for specified reasons, and
 - 2. If the conditions requiring disapproval are remedied to the satisfaction of the PHA on or before the date specified by the PHA, the unit or lease will be approved

4. Obligations of the Family

- A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.
- B. The family must:
 - 1. Supply any information that the PHA or HUD determined to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly schedule reexamination or interim reexamination of family income and composition.
 - 2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
 - 3. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
 - 4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
 - 5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
 - 6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
 - 7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
 - 8. Promptly notify the PHA in writing of the birth, adopting, or court-awarded custody of a child.
 - 9. Request PHA written approval to add any other family member as an occupant of the unit.
 - 10. Promptly notify the PHA in writing if any family member no longer lives in the unit. Give the PHA a copy of any owner eviction notice.
 - 11. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- C. Any information the family supplies must be true and complete.
- D. The family (including each family member) must not:
 - 1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
 - 2. Commit any serious or repeated violation of the lease.
 - 3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
 - 4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
 - 5. Sublease or let the unit or assign the lease or transfer the unit.
 - 6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or local housing assistance program.
 - 7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
 - 8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
 - 9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

5. Illegal Discrimination

If the family has reason to believe that, in its search for suitable housing, it has been discriminated against on the basis of age, race, color, religion, sex (including sexual orientation and gender identity), disability, national origin, or familial status, the family may file a housing discrimination complaint with any HUD Field Office in person, by mail, or by telephone. The PHA will give the family information on how to fill out and file a complaint.

6. Expiration and Extension of Voucher

The voucher will expire on the date stated in item 3 on the top of page one of the voucher unless the family requests an extension in writing and the PHA grants a written extension of the voucher in which case the voucher will expire on the date stated in item 4. At its discretion, the PHA may grant a family's request for one or more extensions of the initial term.

If the family needs and requests an extension of the initial voucher term as a reasonable accommodation, in accordance with part 8 of this title, to make the program accessible to a family member who is a person with disabilities, the PHA must extend the voucher term up to the term reasonably required for that purpose.

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.

Complete the following documents if your client is indicating no source of income.

Expense Worksheet:

OHFA must have verification on file of how households anticipate paying for their expenses and obtaining nonessential items.

HUD states that there must be some form of income to obtain nonessential items such as toiletries and cleaning supplies. If such items are “donated” or contributed then HUD requires that participants calculate a monetary amount on household contributions and report his amount to housing agencies. Items bought by family and/or friends or obtained from charitable organizations falls under the definition of “items donated or contributed.”

Please complete and return the enclosed expense worksheet. You cannot fill in all of the lines with a zero amount – this **will calculate as an error**. The first page is to list your expenses and the second is to explain how the expenses are being paid. Also, include copies of ANY utility statements that you are responsible for paying, such as gas, water, electric, phone, insurance, car, etc.

Self-Earnings:

If your client is indicating some type of self-earnings, which may include lawn care, babysitting, picking up cans, etc., please use the form included after the expense worksheet.

EXPENSE WORKSHEET

Tenant ID

PLEASE COMPLETE THIS FORM AND RETURN TO:

Oklahoma Housing Finance Agency
P.O. Box 26720
Oklahoma City, OK 73126-0720

Under the column labeled Monthly Amount, please enter your monthly expense for any item that applies to your household. If you list a monthly expense for an item that you are billed for monthly, such as a telephone or car payments, you must attach a copy of your last bill.

Part 1: Estimated Monthly Expenses

Monthly Amount

1. If you have either of the following services, enter the amount of last month's bill and attach a copy of your statement for that month for each amount entered:

Telephone \$ _____

Cable/Satellite TV \$ _____

2. If you own or have the use of an automobile, motorcycle, or other type of motorized vehicle please complete the following:

Year _____ Make _____ License # _____

Monthly Finance Charge, if any (Please Attach Statement) \$ _____

Monthly Auto Insurance (Please Attach Statement) \$ _____

Monthly Maintenance and Gasoline Expense \$ _____

3. Enter your estimate of monthly food costs for your family. \$ _____

4. Enter your monthly clothing, cigarette, and personal expenses for your family. \$ _____

5. If you are making payments to a Housing Agency for a claim owed to that agency, enter agency name and payment amount. \$ _____

Housing Agency _____

6. Estimated Monthly Expense (Sum of Number in Lines 1,2,3,4 and 5) \$ _____

Please Complete Parts 2 and 3 of this Form Now.

Part 2: Expense Reduction

Monthly Amount

Please enter the monthly amount you receive for any of the categories listed below.

- | | |
|---|----------|
| 1. Food Stamps per month | \$ _____ |
| 2. HEAP per month | \$ _____ |
| 3. Other monthly income not previously reported | \$ _____ |
| 4. Bills paid by others each month | \$ _____ |
| 5. Regular gifts received per month | \$ _____ |
| 6. Estimated Monthly Expense Reduction (sum of number in 1,2,3,4 and 5) | \$ _____ |

Part 3: Certification

I certify that the information I have provided on this form is true and complete to the best of my knowledge and believe. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____ Date _____



100 N.W. 63, Suite 200
Oklahoma City, OK 73116
P.O. Box 26720
Oklahoma City, OK 73126-0720
Phone: (405) 842-2471
Toll Free: (800) 256-1489
TDD: (405) 848-7471
www.ohfa.org

OHFA complies with the American Disabilities Act. If you are an individual who needs an accommodation, if you will note the type of accommodation necessary, OHFA will make every effort, within reason, to make sure this accommodation is provided. Program policies are available for review, by appointment, at the location shown to the left.



Self Employment Earnings

HOH: _____

RE: _____

SSN: _____

I _____, District Agent for the _____, do hereby certify that the above referenced person stated in my presence that this information is true and correct to the best of his/her knowledge.

I, _____, do certify that I am self-employed as _____.

Itemized herein are my approximate monthly earnings beginning

_____.

January _____ May _____ September _____

February _____ June _____ October _____

March _____ July _____ November _____

April _____ August _____ December _____

I further certify that the above information is true and correct to the best of my knowledge and belief.

Signature

Date

HOH ID: _____