

Please review the following chart to see if you are **eligible** for housing before you complete the full preliminary family housing application. If you have any further questions, then please feel free to contact Ka Vang at (920) 492-3792 or via email at [kava@greenbaywi.gov](mailto:kava@greenbaywi.gov).

Thank you!

**SCATTERED SITES**

<b>ELIGIBLE</b>	<b>INELIGIBLE</b>
<ul style="list-style-type: none"> <li>• 18 YRS OR OLDER WHEN APPLYING</li> <li>• GOOD CRIMINAL HISTORY BACKGROUND CHECK <b>WITHIN THE PAST 5 YEARS FROM APPLICATION DATE</b></li> <li>• GOOD RENTAL HISTORY WITH PAST LANDLORDS <b>WITHIN THE PAST 5 YEARS FROM APPLICATION DATE</b> (<i>must be able to provide past landlord contact info on application</i>)</li> <li>• OWE \$\$\$ TO A PAST LANDLORD BUT CAN PROVIDE DOCUMENTATION OF CURRENT REPAYMENT AGREEMENT WITH LANDLORD</li> <li>• HAVE HISTORY OF ALCOHOL ABUSE &amp; <b>NOT CONVICTED</b> WITH CRIMINAL/VIOLENT ACTIVITY &amp; CAN PROVIDE DOCUMENTATION OF COMPLETING AN ALCOHOL FREE PROGRAM/SUPPORT GROUP</li> <li>• APPLIED &amp; FOUND <b>ELIGIBLE</b> FOR BROWN COUNTY HOUSING PROGRAM /SECTION 8 (<i>both housing programs share similar eligibility requirements</i>)</li> <li>• YEARLY INCOME QUALIFIES UNDER THE HOUSING AUTHORITY'S INCOME LIMITS (<i>please call to discuss with staff</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• UNDER THE AGE OF 18 YRS OLD</li> <li>• BAD CRIMINAL HISTORY BACKGROUND CHECK <b>WITHIN THE PAST 5 YEARS FROM APPLICATION DATE</b> <ul style="list-style-type: none"> <li>- IF <u>CONVICTED</u> OF ANY <b>CRIMINAL ACTIVITY, DRUG RELATED ACTIVITY OR ALCOHOL ABUSE</b> (<i>feel free to call &amp; discuss your situation with staff if you have additional questions</i>)</li> </ul> </li> <li>• BAD RENTAL HISTORY WITH PAST LANDLORDS WITHIN THE PAST 5 YEARS FROM APPLICATION DATE           <ul style="list-style-type: none"> <li>- EVICTIONS</li> <li>- \$\$\$ OWED TO PAST LANDLORD(S)</li> </ul> </li> <li>• OWE \$\$\$ TO ANOTHER PUBLIC HOUSING AUTHORITY PROGRAM</li> <li>• COMMITTED ANY TYPE OF FRAUD WHILE PARTICIPATING IN ANOTHER FEDERALLY ASSISTED HOUSING PROGRAM</li> <li>• REGISTERED SEX OFFENDER</li> <li>• NO ONE IN THE HOUSEHOLD IS A UNITED STATES CITIZEN OR LEGAL RESIDENT</li> </ul>



CITY OF GREEN BAY HOUSING AUTHORITY  
SCATTERED SITES PUBLIC HOUSING PROGRAM  
\*\*\*FAMILY HOUSING PROGRAM

**PRELIMINARY APPLICATION**

1424 Admiral Court  
Green Bay, WI 54303  
Jayme Valentine, Senior Property Manager  
(920) 492-3790  
[jaymeva@greenbaywi.gov](mailto:jaymeva@greenbaywi.gov)

*In addition to completing this application, the following items are **REQUIRED** to be attached in order for the application to be considered **COMPLETE!** Failure to provide the documents listed below, to answer all questions on the application and to provide signatures in the appropriate areas will result in the application being **INCOMPLETE!** An **INCOMPLETE** application will lead to immediate denial of assistance.*

1. Copies of a Driver's License or State ID for all adults (18 yrs & over) listed
2. Copies of Social Security Cards or Proof of Citizenship for all household members listed
3. Copies of Birth Certificates or Alien Registration Card for all household members listed
4. Proof of your family preference :(IF APPLICABLE, VERIFICATION OF PROOF MUST BE ATTACHED)
  - a. Brown County Residents displaced due to a *natural disaster* or *government action*:
    - must provide a statement from a government agency or service agency such as City Official or the Red Cross.
  - b. Brown County Residents who are *domestic violence victims, homeless individuals or families*:
    - must provide documentation of verification from a local social services agency that is providing case management.
  - c. Brown County Residents with an *elderly or disabled individual who is the head of household, Veteran families or working families*.
  - d. Brown County Residents with *the head of household who is active or has completed educational or training programs*:
    - must provide documentation certificates or documentation of verification.

**\*\*\*If the preferences listed above do not apply to you please see the following:**

**a.) Brown County Residents:**

Will be placed on the waiting list based on **date and time** the completed application was received. (We **DO NOT** number our waitlist applications) After applicants with the above preferences are assisted, all other Brown County applicants will be pulled from waiting list.

**b.) Non Brown County Residents:**

Will not be pulled from the waitlist until ALL **Brown County applicants** have been assisted.

**\*\*\*Additional Information: The Green Bay Housing Authority MUST be notified in writing IMMEDIATELY of any changes in family size or composition, preference status, or contact information including current residence, mailing address and phone number.**



**PLEASE COMPLETE THE APPLICATION & RETURN TO:**  
 CITY OF GREEN BAY HOUSING AUTHORITY  
 1424 ADMIRAL COURT  
 GREEN BAY, WI 54303  
 OR FAX TO (920) 492-3789



**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**\*SMOKING POLICY:** The City of Green Bay Housing Authority's 2 public housing programs: Scattered Sites and Mason Manor are SMOKE FREE housing programs. In order to be able to smoke, all residents and visitors must leave our grounds to do so. Applicants should make this policy a serious part of their consideration to apply for either program. By applying to live within a Scattered Sites family housing unit or within an apartment within Mason Manor all applicants are agreeing to abide by this policy. Non-compliance could result in fines and/or eviction.

**I. HOUSEHOLD COMPOSITION:** List all household members that will be included on the lease, including all adults, adult children and minor children. Please list the head of household first. [If you have additional members, PLEASE attach a separate sheet of paper]

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	GENDER	RELATIONSHIP	DISABLED (Y or N)	HISPANIC (Y or N)	RACE	SOCIAL SECURITY #
			__ / __ / __		Head of Household				__ - __ - ____
			__ / __ / __						__ - __ - ____
			__ / __ / __						__ - __ - ____
			__ / __ / __						__ - __ - ____
			__ / __ / __						__ - __ - ____
			__ / __ / __						__ - __ - ____

- Is there anyone in the household that is disabled or handicapped that will require special accommodations?
  - Yes Which family member(s)? \_\_\_\_\_  
Explain accommodations needed: \_\_\_\_\_
  - No
- Is there anyone who will be included on the lease, but is currently away from home due to military obligations?
  - Yes Which family member(s)? \_\_\_\_\_ Date of return? \_\_\_\_\_
  - No
- Are there any expected births in the next 12 months?
  - Yes Which family member(s)? \_\_\_\_\_ Expected due date? \_\_\_\_\_
  - No
- Are there any household members 18 years or older that are currently enrolled in school?
  - Yes Which family member(s)? \_\_\_\_\_  
Name of school/institution? \_\_\_\_\_
  - No

**\*\*\*In conjunction with answering this question, if yes, please provide verification of class enrollment and documentation of any financial aid received for the period of enrollment.**



**II. RENTAL HISTORY:** *The applicant must provide information regarding their **current residence**, as well as a **previous residence**. If a household member listed above currently resides in a different residence, please indicate their current residence as well. **PLEASE MAKE SURE YOU FILL OUT THIS PAGE AND PROVIDE CURRENT/PREVIOUSLANDLORD INFORMATION FOR THE PAST 5 CONSECUTIVE YEARS. FAILURE TO PROVIDE LANDLORDCONTACT INFO WILL RESULT IN THE APPLICATION BEING DEEMED AS INCOMPLETE!***

**APPLICANT:**

**CO-APPLICANT (if applicable):**

1.) Previous Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Previous City, State, Zip Code: \_\_\_\_\_

Previous City, State, Zip Code: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Previous Landlord Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Previous Landlord Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Move Out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Move Out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for moving \_\_\_\_\_

Reason for moving \_\_\_\_\_

2.) Previous Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Previous City, State, Zip Code: \_\_\_\_\_

Previous City, State, Zip Code: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Previous Landlord Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Previous Landlord Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Move Out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Move Out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for moving \_\_\_\_\_

Reason for moving \_\_\_\_\_

3.) Previous Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Previous City, State, Zip Code: \_\_\_\_\_

Previous City, State, Zip Code: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Previous Landlord Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Previous Landlord Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Move Out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Move Out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for moving \_\_\_\_\_

Reason for moving \_\_\_\_\_

\*IF YOU HAVE NEVER RENTED **ON YOUR OWN** PLEASE THE ADDRESS OF WHERE YOU HAVE LIVED

**FOR EXAMPLE: "NEVER RENTED ON MY OWN, LIVED WITH PARENTS."**



**III. FAMILY INCOME & ASSETS:**

PLEASE LIST TOTAL GROSS INCOME (**BEFORE TAXES**) & PAYMENTS RECEIVED BY **EACH FAMILY MEMBER AGE 18 AND OLDER** FOR WAGES, MILITARY PAY, PENSIONS, SOCIAL SECURITY, SSI/SSDI, WELFARE, CHILD SUPPORT, UNEMPLOYMENT, BUSINESS, PROFESSION OR ANY OTHER SOURCE. PLEASE INCLUDE PAYMENTS MADE TO FAMILY MEMBERS 18 YEARS OR OLDER ON BEHALF OF OTHER FAMILY MEMBERS UNDER AGE 18.

**A. FAMILY INCOME**

<b><u>FIRST NAME</u></b>	<b><u>GROSS INCOME</u></b>	<b><u>HOW OFTEN</u></b> W= WEEKLY B= BI-WEEKLY M= MONTHLY Y=YEARLY	<b><u>EMPLOYER NAME/ ADDRESS</u></b>
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**B. ASSETS**

<b><u>TYPE OF ASSET:</u></b>	<b><u>Cash Value of Asset</u></b>	<b><u>Income received from Asset</u></b>
Checking		
Saving		
Stocks		
Bonds/Stocks		
Investments		
Real Estate		



**IV. AFFIRMATION OF ACCURACY**

*I do hereby swear and attest that all the information on this form is accurate and complete. I understand that all changes in household composition, income, and assets must be reported immediately to the Housing Authority of the City of Green Bay. [Warning: Title 18, Section 1001, of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of agency of the United States.]*

_____ Signature of Head of Household	_____ Date
_____ Signature of Spouse or Co-Head	_____ Date
_____ Signature of Other Adult (18yrs or older)	_____ Date

**V. FRAUD:**

*The GBHA anticipates that the vast majority of families intends to and will comply with program requirements and make reasonable efforts to avoid fraudulent behavior. To ensure that the program is administered effectively and according to the highest ethical and legal standards, a variety of techniques will be employed to ensure that both errors and intentional program abuse is rare. There are penalties that apply if you knowingly omit information or give false information. Don't risk your chances for assisted housing by providing false, incomplete, or inaccurate information.*

1) Has anyone in your household ever been involved in any drug-related or criminal activities?

Yes                      Which household member? \_\_\_\_\_  
When (month/year)? \_\_\_\_\_  
Where (city/state)? \_\_\_\_\_

No

2) Is anyone in the household registered as a lifetime sex offender with the Department of Corrections?

Yes                      Which household member? \_\_\_\_\_

No

3) Has anyone in the household ever committed fraud in a federally assisted housing program or been requested to repay money for misrepresenting information from a federally assisted program?

Yes                      Which household member? \_\_\_\_\_  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

No





**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 08/31/2016.

**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.

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.

This Notice was provided by the below-listed PHA:	I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i> :	
	Signature	Date
Printed Name		



# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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

**Green Bay Housing Authority**  
**1424 Admiral Court**  
**Green Bay, WI 54303**  
**(P) 920-492-3790**  
**(F) 920-492-3789**

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

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

OMB Approval No. 2577-0249  
Exp. (07/31/2017)

**Purpose of Form:** The Violence Against Women Reauthorization Act of 2013 (“VAWA”) protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

**Use of Form:** This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as “Victim”) has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
- (2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

**Confidentiality:** All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

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**TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING:**

**Date Written Request Received by Victim:** \_\_\_\_\_

**Name of Victim:** \_\_\_\_\_

**Names of Other Family Members Listed on the Lease:** \_\_\_\_\_

**Name of the Perpetrator\*:** \_\_\_\_\_

\*Note: The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

**Perpetrator’s Relationship to Victim:** \_\_\_\_\_

**Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Occurred:** \_\_\_\_\_

**Location of Incident(s):**  
\_\_\_\_\_  
\_\_\_\_\_

Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Executed on (Date) \_\_\_\_\_

**Public reporting burden** for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Authorization for the Release of Information**

PRA requesting release of information:

Green Bay Housing Authority  
1424 Admiral Court  
Green Bay, WI 54303  
(920) 492-3790  
(920) 492-3789 FAX

Authority: 42 U.S.C. 1473f and 3535(d), implemental at 24CRF 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child Care allowances, Credit and Criminal Activity, HOD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HOD and the HA may participate in a computer matching programs with these sources in order to verify your eligibility level of benefits.

Uses of Information to be obtained: HOD is required to protect the information it obtains in accordance with the privacy act of 1974, 5 U.S.C. 552a. HOD may disclose information (other than tax return information) for certain routine uses, such as to other governmental 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 information obtained in accordance with any applicable State privacy law. HOD and HA employees may be subject to penalties for unauthorized disclosure or improper uses of the information that is obtained on the consent form.

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

Failure to Sign the 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 review and hearing procedures.

Source of Information: The groups or individuals that may be asked to release the authorized information included but are not limited to:

- Previous Landlords (Including Public Housing Agencies)
- Courts and Post Offices
- School and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Bank and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

a \*

Consent: I consent to allow HOD or the RA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HOD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce, or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed,

Signatures:

_____	_____	_____
Head of Household	Date	HUD Security Number of Household
_____	_____	_____
Spouse		Other Family Member over 18
_____	_____	_____
	Date	Other Family Member over 18
_____	_____	_____
Other Family Member over age 18	Date	

Penalties for Misusing this Consent:

HUD, the RA and any other owner (or any employee of HOD, the HA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to 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 HOD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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