

RESIDENCY PREFERENCE

The FDHA will offer a Residency Preference. Families who qualify for the preference must have a Head, Spouse or Co-Head who lives, works, or has been hired to work in the state of Iowa at the time of application. Work means regularly scheduled work of at least 20 hours per week. This preference will be given 2 points. One of the following items must be supplied to verify the residency preference:

- Current copy of an Iowa Identification Card
- Current copy of an Iowa Driver's License

In addition to the Iowa Identification Card or Iowa Driver's License, two of the following items must be supplied.

The following are acceptable forms of proof of residency:

- Copy of a current residential lease with the eligible household member's name listed on it
- Medical card with current address
- Utility bill with eligible household member's name on it (within 60 days)
- Social Security printout (within 60 days)
- Voter's registration card
- Other proof of residence address deemed acceptable by the PHA management

The following are acceptable forms of proof of work in the state:

- Documentation from the employer stating the applicant, (head, spouse or co-head) is employed in Iowa or show start date of employment in Iowa
- Current (within 60 days) pay stub with employer's address showing the business is located in Iowa

WORKING FAMILY PREFERENCE

The PHA will offer a Working Family Preference to applicants who meet the following minimum criteria at the time of application (so long as the PHA's Income Targeting requirements are not negatively affected). This preference will receive 5 points.

- Applicants with an adult family member who is employed in the State of Iowa currently working a minimum of 20 hours per week.
- Current (within 60 days) written verification from the employer or current (within 60 days) pay stubs will be required as documentation to support the applicant's eligibility for this preference.

This preference is extended if the head, spouse, or sole member is age 62 or older. It is also extended to all applicants whose head or spouse is receiving income based on their inability to work or has a documented disability. Preference will not be given until the required items are received in our office.

I, _____, have been told by the Fort Dodge Housing Agency of the availability of a Preference. I understand that I will not be given a preference until the required items have been provided to FDHA.

Signature of Applicant

Date

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):Fort Dodge Housing Agency
700 South 17th Street
Fort Dodge, IA 50501

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.

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: Section 214 of the Housing & Community Development Act of 1980, as amended, limits eligibility for Section 8 assistance to U.S. citizens, nationals, and certain categories of eligible noncitizens. Please read the Declaration statement carefully and sign and return it to the Section 8 office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury**, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- Box #1** I am a citizen by birth, a naturalized citizen or a national of the United States; or
- Box #2** I am a citizen of the Federated States of Micronesia, the Republic of Palau, or the Republic of Marshall Islands and is now a lawful resident in the United States and its territories; or
- Box #3** I have eligible immigration status, and have reached the age of 62. Attach proof of age; or
- Box #4** I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form. (See reverse side for listing of ACCEPTABLE INS DOCUMENTS.)
- Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), or resident card (temporary form I-SSI)
 - Permanent residence under §249 of INA; or
 - Refugee, asylum or conditional entry status under §§207, 208, or 203 the INA; or
 - Parole status under §§212(d)(5) of the INA; or
 - Threat to life or freedom under §243(h) or the INA; or
 - Amnesty under §245A of the INA
- Box #5** I do not have eligible immigration status; or
- Box #6** I do not wish to declare my citizenship/immigration status. If this box is chosen, please call our office for an NON-CONTENDING FAMILY MEMBER FORM.

(Signature of Family Member)
Responsible Adult to sign for minor

(Date)

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

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

****WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of United States, shall be fined not more than \$10,000.00, imprisoned for not more than five years, or both.

ACCEPTABLE INS DOCUMENTS: The original of one of the following documents is acceptable evidence of eligible immigration status, subject to verification with **INS**:

- 1) Form I-51, Alien Registration Receipt Card (issued to lawful permanent residents prior to 1979). For I-51 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning the INS toll-free number 1-800-755-0777.
- 2) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 3) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - a) “Admitted as Refugee Pursuant to Section 207”;
 - b) “Section 208” or “Asylum”;
 - c) “Section 243(h)” or “Deportation stayed by Attorney General”;
 - d) “Paroled Pursuant to Section 212(d)(5) of the INA”;
- 4) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) *or* from an INS district director granting asylum (if application filed before October 1, 1990);
 - c) A court decision granting withholding or deportation; or
 - d) A letter from an asylum officer granting withholding or deportation (if application filed on or after October 1, 1990).
- 5) Form I-688B, Temporary Resident Card, which must be annotated “Section 245A” or “Section 210;
- 6) Form I-688B, Employment Authorization Card, which must be annotated “Provision of Law 274a.12”;
- 7) 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; or
- 8) If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.