

YOU AND ALL MEMBERS OF THE HOUSEHOLD AGE 18 OR OLDER, EMPLOYED, OR RECEIVING ANY OTHER BENEFITS **MUST SIGN AND RETURN TO THIS OFFICE THE ENCLOSED FORMS. IF YOU HAVE MORE THAN ONE MEMBER OVER THE AGE OF 18 YOU MUST CONTACT ME TO RECEIVE ADDITIONAL FORMS. ALL VERIFICATIONS MUST BE RECEIVED BACK IN THIS OFFICE BEFORE WE CAN MOVE FORWARD.**

EXAMPLES ARE:

COPY OF BIRTH CERTIFICATE OR MEDICAID CARD (WITH BIRTHDATE ON IT), PICTURE ID, AND SOCIAL SECURITY CARD, (OF EVERYONE THAT WILL BE LIVING IN THE HOUSEHOLD)

MEDICINE PRINTOUT FROM DRUGSTORE/PHARMACY

LETTER/PRINTOUT FROM SOCIAL SECURITY, SSI, OR A BANK STATEMENT

VA PENSION LETTER/PRINTOUT FROM DSS VERIFYING AFDC AND FOODSTAMPS

RETIREMENT/PENSION VERIFICATION

CHILD SUPPORT PRINTOUT

ALIMONY CHECK (NEED COURT ORDER)

INCOME FROM ASSETS INCLUDING BUT NOT LIMITED TO INTEREST FROM CHECKING/SAVINGS ACCOUNT, ANNUITIES, CD'S, PROPERTY OWNERSHIP, STOCKS AND BONDS

YOU ARE RESPONSIBLE FOR REPORTING ALL INCOME

IF YOU HAVE ANY QUESTIONS PLEASE CALL THIS OFFICE FOR ASSISTANCE. (803-768-8379)

**NEWBERRY HOUSING AUTHORITY
P.O. DRAWER 737
NEWBERRY, SOUTH CAROLINA 29108**

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Purpose:

The above named organization may use this Authorization and the information obtained with it to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documents and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-income Public Housing
- Section 8 Housing Assistance Programs
- Section 23 Housing Assistance Programs
- Section 202

I authorize the above named organization to obtain information about me and my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize the above named organization to obtain information on wages and unemployment compensation from State Employment Securities Agencies.

Information covered inquires may be:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions & Assets
- Federal, State, Tribal or Local Benefits
- Disability Assistance Expense
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History
- Savings and Checking Accounts

Conditions: I agree that Photocopies of this Authorization may be used for the purpose stated above.

Individuals or Organizations that may release information:

Any individual or organization including any government organizations may be asked to release information. For example information may be requested from:

- Banks and other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employees, Last and Present
- Landlords

Providers of:

- Alimony
- Child Care
- Credit
- Disability Assistance
- Medical Care
- Pensions/Annuities
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies
- Welfare Agencies

Computer Matching Notice and Consent

I agree that the above organization may conduct computer matching programs with other government agencies including Federal, State, Tribal or local agencies. The government agencies includes:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare & Food Stamp Agencies

The match will be used to verify information Supplied by the family without limit and according to PHRA of 1998.

PRINT NAME

SIGNATURE

DATE

SOCIAL SECURITY NUMBER

BIRTHPLACE

HOUSING AUTHORITY OF NEWBERRY
PERSONAL DECLARATION

NAME _____
 ADDRESS _____

THE FOLLOWING IS TO BE COMPLETED IN APPLICANT'S/RESIDENTS OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD.

HOUSEHOLD COMPOSITION: List all persons who will be living in your home--listing head of household first.

ADULTS (LEGAL NAME)	RELATIONSHIP	MARITAL STATUS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

CHILDREN (LEGAL NAME)	NAME OF SCHOOL ATTENDING	ABSENT PARENTS NAME & ADDRESS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

TOTAL HOUSEHOLD INCOME: List all money earned or help received by everyone living in your household. This includes money from wages, self-employed, child support, contributions, social security, disability payments (SSI), Workman's Compensation, retirement benefits, AFDC benefits, regular help with paying bills, buying food, pampers, etc. from anyone; rental property income, alimony, and all other sources.

HOUSEHOLD MEMBER	SOURCE OF INCOME	AMOUNT PER MONTH
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE A POLICE RECORD? _____
 IF SO, WHERE? _____

ASSETS: Do you own or have an interest in any Property? Land? Boat? _____
 Do you own any stocks or bonds? _____ If you do, amount of dividend received _____
 Do you have a checking, savings, share and/or other type account? _____
 If you do, name and address of Bank, Credit Union or Financial Institution: _____
 Bank account numbers: Checking _____ Savings: _____ C/D's _____ Other _____
 Have you sold any Property, Land, House, Boat, etc., in the last two years? _____
 Do you own a car/truck? _____ Model/Year _____ Tag # _____
 Do you own a second car/truck? _____ Model/Year _____ Tag # _____

DO YOU PAY CHILDCARE? _____ IF YOU DO, NAME & ADDRESS OF CHILDCARE PROVIDER: _____

CURRENT HOUSEHOLD EXPENSES (Estimated monthly, if you do not have please put \$0.00)

Electric _____	Telephone _____	Auto _____	Auto Insurance _____
Gas _____	Medical _____	Loans _____	Credit Cards _____
Water _____	Health Ins. _____	Life Ins. _____	Child Care _____
Cable _____	Furniture _____		

Current Phone Number: _____ Emergency Contact Name & Number _____

Email address: _____

I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT I AM REQUIRED TO REPORT ALL CHANGES IN INCOME OF MY HOUSEHOLD AS WELL AS ANY CHANGES IN MY FAMILY MEMBERS TO THE HOUSING AUTHORITY IN WRITING WITHIN FOURTEEN (14) DAYS OF CHANGE.

Signature of Head of Household _____

Signature of spouse _____

Date _____

Date _____

EMPLOYER'S STATEMENT OF SALARY AND WAGES
THE HOUSING AUTHORITY OF THE CITY OF NEWBERRY
POST OFFICE DRAWER 737
NEWBERRY, SOUTH CAROLINA 29108

Date

Dear Employer;

We are legally required to verify the income from all sources, of all families applying for admission to, or continued occupancy in developments in the low-rent housing program of this Housing Authority.

Your name has been given as an employer reference by the below-named applicant (tenant) for a dwelling unit (or for continued occupancy) in one of our developments. We are requesting your cooperation in supplying the information below which applies to the period during which you employed this applicant. This information will be held in confidence for use only in determining the families' eligibility and rent.

I hereby authorize and request my employer to furnish the following information which is necessary in determining my eligibility and rent for low-rent public housing.

Applicant Signature _____ **Torchia G. Werts**
NHA Representative

1. Employee's Name: _____
Address: _____ Phone: _____
2. Title of Position Held: _____
3. How long employed: From: _____ To: _____
4. Rate of Pay: \$ _____ hourly ___ weekly ___ monthly ___ other
5. Date Present rate of pay became effective: _____
6. If present rate of pay has been in effect less than 12 months, give previous rate of pay \$ _____
Effective Date _____
7. Average Number of hours worked per week: _____
8. Overtime rate \$ _____ per _____ Overtime after ___ hours
9. Period of sick leave with pay: _____
10. Period of vacation leave with pay: _____
11. Total gross earnings for past 12 months \$ _____
12. Are following received:
 - (a) Commissions: Yes _____ No _____ Amount \$ _____ per _____
 - (b) Tips: Yes _____ No _____ Amount \$ _____ per _____
 - (c) Bonus: Yes _____ No _____ Amount \$ _____ per _____
13. Unusual occupational expenses not compensated for by employer:
Special Tools _____ Uniforms _____ Other _____
14. Premium paid by employee for medical insurance:
Amount \$ _____ per _____
15. Remarks: _____

Firm: _____ Date _____
Address: _____
Prepared By: _____ Title _____

Warning: TITLE 18, Section 1001 of the United States Code, States that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entity, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than 5 years or both.

I declare under penalty of perjury that the information provided above is true and correct.
Signature of Preparer: _____

*Sections 1,2,3,4,5,6,7,11,14 and bottom of form must be filled out completely.

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

THE HOUSING AUTHORITY OF THE CITY OF NEWBERRY
POST OFFICE DRAWER 737
NEWBERRY, SOUTH CAROLINA 29108
TELEPHONE: 803-276-1049

Child Care Expenses

Applicant/Resident

Contract Number

Verification of child care paid by participants of the Section 8 Housing Choice Voucher Program

The Section 8 applicant/resident named above has provided your agency/name as caring for his/her child/children.

Provide the following information pertaining to yourself and the child/children you care for:

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

SOCIAL SECURITY NO: _____

The Sum of \$_____ is received daily / weekly / bi-weekly / monthly (CIRCLE ONE)
Child care is provided for:

Name: _____ Age: _____
Hours of care: _____ AM / PM to _____ AM/ PM (CIRCLE ONE)

Name: _____ Age: _____
Hours of care: _____ AM / PM to _____ AM/ PM (CIRCLE ONE)

Name: _____ Age: _____
Hours of care: _____ AM / PM to _____ AM/ PM (CIRCLE ONE)

Signature

Date

Are any of the above verified child care expenses paid by an agency or individual outside the household? Yes / No (CIRCLE ONE) If yes, provide the following:

Agency

\$ _____
Amount

I certify the child care expense information verified above is correct.

Applicant/Resident

Date