



Berkeley Housing Authority

1947 Center Street, 5<sup>th</sup> Floor, Berkeley, CA 94704  
Telephone: (510) 981-5470 Fax: (510) 981-5480

INTERIM

**PERSONAL DECLARATION**

The information provided on this form is used to determine initial or ongoing eligibility to receive a rental subsidy through the Section 8 Program. You must use only legal names. All information is subject to independent verification. Making false statements is fraud, and is subject to termination of your voucher and other penalties.

Name		Home Phone	
Address		Cell Phone	
City, State, Zip Code		Email Address	

**IN CASE OF EMERGENCY**

In the event of a situation where we are concerned about your safety, or your ability to continue receiving S8 rental assistance, we ask that you give us permission to share information as necessary with the person listed below, to address your housing situation.

Name		Address	
Relationship		Phone Number	

**THE HOUSEHOLD**

- The head of household is:  Married/Domestic Partner/Partner  Single  Never Married  Widow/Widower  Other \_\_\_\_\_
- I describe my household as:  Hispanic  Not Hispanic AND  Black  White  Asian  Other \_\_\_\_\_  Native Hawaiian/Pacific Islander  American Indian/Alaska Native
- I best understand, and prefer to communicate in:  English  Spanish  \_\_\_\_\_
- My household includes someone who:  is a wheelchair user  is hearing impaired  is visually impaired  has limited reading ability/comprehension  N/A
- Do you need assistance to complete the forms required to determine your eligibility?  Yes  No
- Anticipated household changes:

Name	Action	Relationship (i.e. son, daughter, spouse)	Estimated Date
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		

**HOUSEHOLD COMPOSITION:** This is where you identify everyone that is a part of the assisted household OR if you are a new applicant, includes everyone that WILL be a part of the assisted household. Use only full legal names (must match Social Security records). **Race Codes:** 1= Black 2= White 3=Asian 4=American Indian/Alaska Native 5= Native Hawaiian/Pacific 6 Hispanic

**Enter People 18 Years of Age or Older Below (Adults) - SEE codes above**

Legal Name (18 years of age and older)	Date of Birth	Relationship to Head of Household	Last 4 of Soc Sec Number	Disabled Yes or No?	Race (enter code)	Income or Benefit
		Head of Household				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult <input type="checkbox"/> Live in Aid				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Enter people UNDER 18 Years of Age Below (Minors) – SEE codes above**

Legal First Name (17 years of age and under)	Date of Birth	Relationship to Head of Household	Last 4 of Soc Sec Number	Disabled Yes or No?	Race (enter code)	School Attended

If the parent of a minor is **not** in the home, provide the information below:  Both parents are in the home

First Name of child	Name, Absent Parent	Full Address of Absent Parent	Address Unknown

**HOUSEHOLD INCOME/GRANTS:** Use this section to report all the income (including benefits, county welfare, grants, etc.) gross amount per month that the family receives (also include all benefits received by or on behalf of minors). Use the blank space at the bottom to include other income/benefit types not listed below. NOTE: BHA has direct access to, and will utilize national on-line data systems that track income and benefits.

Name of Household Member	Head of Household				
Wages/Salary (gross)*	\$	\$	\$	\$	\$
Social Security/SSI					
CalWorks (Welfare)					
General Assistance					
Food Stamps					
Foster Care/Adopt Asst					
Unemployment Insurance					
State Disability Insurance					
Pension/Retirement/Annuity					
Alimony *					
Financial Aide					
Self Employed/Own Business					
Rental Income/Property					
Stock Dividends					
Recycling					
Gifts/Contributions/Support					

Other: \_\_\_\_\_

Does anyone outside your household pay for or provide money for any of your household bills or living expenses?  Yes or  No

Provide contact information for the income sources identified above with an \* (name, address, and phone and fax number)

Name of Employer/Firm/Individual	Full Address	Date of Hire	Phone Number

**FULL TIME STUDENTS/SELF SUFFICIENCY:** Use this section to report a household member (18 years or older) that is attending school on a full time basis, or participating in a job training program intended to help you become financially independent.

First Name	School/Program	Month/Year Graduation	Full or Part Time	Financial Aide

**CASH AND NON-CASH ASSETS:** This is where you list all assets held by the family.

Does anyone in the household own alone, or with others, any property or land?  Yes  No

- Does anyone in the household have a Trust?  Yes  No
- Does anyone in the household have an insurance policy with “cash” value you can withdraw?  
 Yes  No Name of Company \_\_\_\_\_ Acct. # \_\_\_\_\_
- Do you or anyone in the household have an account with a bank or credit union?  Yes  No
- Does any household member have a “pre-paid” debit-card for monthly benefits?  Yes  No

First Name Family Member	Name of Bank/Credit Union	Type of account	Account Number	Average Balance
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other		
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other		

5. List all cars owned by members of the household, or registered to your address.  None

Registered Owner	Year	Make/Model	License Plate No.	Is vehicle financed?

**CHILDCARE EXPENSE:** Care for children 13 years (or younger) – to allow someone to work or attend school.

First Name of Child	Name Care Provider	Complete Address	Amount
			\$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month
			\$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month

**MEDICAL EXPENSES:** This ONLY applies where the head of household or spouse is 62 or older, or disabled. If your out of pocket medical expenses are greater than \$300 per year (approximately \$25 per month) you MAY qualify for a medical deduction.

Do you want to apply for a medical deduction?  Yes Please attach evidence.  No. If no **STOP**

Expense	Amount	Expense	Amount	Expense	Amount
Prescriptions	\$ _____	Health Plan/ Insurance	\$ _____	Transportation	\$ _____
Dr Co-Pay	\$ _____	Attendants/Aides	\$ _____	Prescribed Over-the-Counter	\$ _____

Other: \_\_\_\_\_ Amount \$ \_\_\_\_\_



1. Who is your current landlord? \_\_\_\_\_
2. Are you living in a unit that is owned by a relative?  Yes  No Relation \_\_\_\_\_
3. How much do you pay for rent? \_\_\_\_\_
4. How many times in the past 12 months, did your landlord issue you a notice for non- or late payment of rent?  None  \_\_\_\_\_ times
5. How much is your average bill for basic utilities: \$ \_\_\_\_\_ PG&E \$ \_\_\_\_\_ Water
6. In the past year, have you, or any member of your household had any involvement with law enforcement including, not limited to an arrest, conviction, parole or probation  Yes  No
7. Is anyone in the household on parole?  Yes No  If yes, name \_\_\_\_\_
8. Is anyone in the household on probation?  Yes No  If yes, name \_\_\_\_\_
9. Is anyone in the household required to register as a sex offender?  Yes  No  
 Name \_\_\_\_\_ County \_\_\_\_\_
10. Is anyone in the household in treatment for alcohol or drug abuse/addiction?  Yes  No  
 Name \_\_\_\_\_ Name of Program \_\_\_\_\_
11. Are you, or any member in your household receiving rental assistance from another Housing Authority or below-market rent program?  Yes  No
12. If approved for a "Reasonable Accommodation"
  - a. My live in aide  is  is not living in the unit on a full-time basis;
  - b. I am using the extra bedroom  for my medical equipment/supplies  for other uses

**WARNING: it is a felony to knowingly and willfully make false statements.**

I declare that all the information above about myself and my household is true and correct. I understand I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information. I also understand that all changes in the income of any household member as well as any changes in household membership must be reported to BHA in writing immediately.

**CERTIFICATION:**  I understand all the questions  I do **NOT** understand all of the questions

\_\_\_\_\_  
 Head of Household Date  Spouse  Other Adult Date

\_\_\_\_\_  
 Spouse  Other Adult Date  Spouse  Other Adult Date

# 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. 07/31/2021

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)

**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(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 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.