



**Chandler · Arizona**

# AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, \_\_\_\_\_ hereby give my permission to the City of Chandler Housing and Redevelopment Division to obtain independent information about me and my family for the purpose of determining eligibility, the appropriate level of housing benefits and suitability under the United States Housing and Urban Development's assisted housing programs. Specifically, I authorize release of information from:

- Banks and Other Financial Institutions
- Credit Bureaus
- Courts
- Current and Former Employers
- Current and Former Landlords
- Drug and/or Alcohol Treatment Facilities (limited to facility which has reasonable cause to believe applicant is currently engaged in illegal use of controlled substance)
- Family Composition
- Federal, State, Tribal or Local Benefit Agencies Welfare and other Social Service Agencies
- Identity and Marital Status
- Medical Providers
- The National Crime Information Center, Police Departments, and other law enforcement agencies
- Providers of: Alimony, Childcare, Child Support, Disability Assistance and Medical Care
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies
- Other: \_\_\_\_\_

I agree that the City of Chandler Housing and Redevelopment Division may use photocopies of this authorization to accompany its requests for information. I understand that City of Chandler Housing and Redevelopment Division is soliciting documents to verify eligibility, level of benefits and suitability under HUD's assisted housing programs, including sources of income and assets, wages and unemployment claims, tax return information, identification and composition of household, housing history. The City of Chandler Housing and Redevelopment Division acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's /participant's eligibility for housing assistance. This form is valid for fifteen (15) months from the date of applicant's/participant's signature.

_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of Applicant or Participant	Date	Social Security Number
_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of Other Family Member 18 and over	Date	Social Security Number
_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of Other Family Member 18 and over	Date	Social Security Number
_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of Other Family Member 18 and over	Date	Social Security Number

*Mailing Address:*  
Mail Stop 101, PO Box 4008  
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment  
<https://www.chandleraz.gov/affordablehousing>  
Ph. 480-782-3220 ♦ Fax 480-782-3220

*Office Location:*  
235 S. Arizona Avenue  
Chandler, AZ 85225

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# Authorization for the Release of Information/ Privacy Act Notice

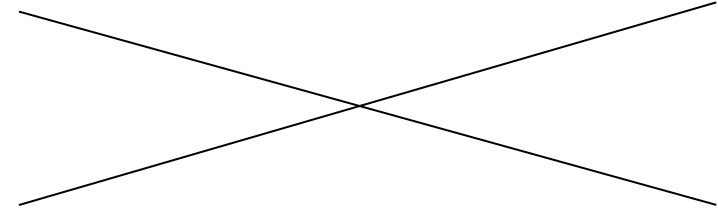
to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

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

City of Chandler  
Housing and Redevelopment  
Mail Stop 101  
P.O. Box 4008  
Chandler, AZ 85244

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	Other Family Member over age 18	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.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form **HUD-9886** (7/94)

**CHANGE REPORT FORM**

Please fill out this form completely and legibly

NAME	SOCIAL SECURITY NUMBER	PHONE NUMBER
ADDRESS ON FILE	HEAD OF HOUSEHOLD'S EMAIL	

**Mark all that apply**

Please select one:  I am a waiting list applicant  I am a participant

Please select the housing program:  Housing Choice Voucher (A.K.A. Section 8)  Public Housing  TBRA

**Participants only---** Please select your housing representative:

Vivian  Zelda  Vickie  Qiana  Mayra  Carmen  Other \_\_\_\_\_

CHANGE OF ADDRESS New Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

 FAMILY CHANGE

- Requesting to **add** a member to the household. In order to add someone you must bring the following four items:  
1) Orig. birth certificate 2) Orig. social security card 3) Picture identification 4) Proof of income and assets (i.e., checking, savings etc.)

Name of the person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

- Requesting to **remove** a member from my household: **NOTE: Evidence of the former family member's new address must be attached.**

Name of the person: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Move- out date \_\_\_\_\_

New address for this person: \_\_\_\_\_

 EMPLOYMENT INCOME CHANGE

- Increase** in income: Who in the family has an income change? \_\_\_\_\_

Name of the employer: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Employment start date: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

- Decrease** in income: **NOTE: To be effective next month, all documentation must be received by the 20<sup>th</sup> calendar day of the month to allow adequate time for processing.**

Termination. Who in the family has an income change? \_\_\_\_\_

Name of the employer: \_\_\_\_\_

Termination date: \_\_\_\_\_ Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Reduced hours. What were your hours? \_\_\_\_\_ What are your hours now? \_\_\_\_\_

 UNEMPLOYMENT INCOME CHANGE  Unemployment began  Unemployment ended

Effective Date: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

 OTHER

- Child Care:  Increase  Decrease

Name the childcare provider: \_\_\_\_\_

Childcare provider address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Amount paid per week \$ \_\_\_\_\_

- Social Security:  Increase  Decrease Amount \$ \_\_\_\_\_ Effective: \_\_\_\_\_

- TANF:  Increase  Decrease Amount \$ \_\_\_\_\_ Effective: \_\_\_\_\_

- Child Support: **NOTE: The court order indicating the increase or decrease must be attached.**

Increase  Decrease Amount \$ \_\_\_\_\_ Effective: \_\_\_\_\_

Visitor(s): **NOTE:** Section 8/TBRA participants must receive written permission from the landlord to have any guest temporarily stay in the unit. A copy of the written permission must be attached.

Visitor's name: \_\_\_\_\_

Visitor beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Preference Change: \_\_\_\_\_

Please explain

---

Additional information or other change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify the above information is true and correct. I understand my change will not take effect until all information is verified. I also understand my copy of this form must be time and date stamped by the City of Chandler Housing office to be considered valid.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Mailing Address:*  
Mail Stop 101, PO Box 4008  
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division  
<https://www.chandleraz.gov/affordablehousing>  
Ph.(480)782-3200•Fax (480)-782-3220

*Office Location:*  
235 S. Arizona Avenue  
Chandler, AZ 85225