

DOCUMENT LIST Adding or Removing a Person

ADDING AN ADULT MEMBER

If you are requesting to add an eligible adult member to your household, you must provide the following and receive written approval from both the BC CH and your landlord before the individual(s) may move in to your unit. **Please note, if you move someone in to your unit before receiving approval from both the BC CH and your landlord your Section 8 Housing Choice Voucher could be terminated.** Please provide the following:

- ♦ Participant Information Form signed by all adults 18 or older, including the person(s) you are requesting to add
- ♦ Attach all supporting documentation for the person(s) you are requesting to add (income, assets, expenses, etc.)
- ♦ Provide a written statement from your landlord of their approval to add the person(s)
- ♦ Provide a copy of their social security card and photo ID
- ♦ Provide a written statement identifying the relationship between yourself and the person(s) you are requesting to add (ex. significant other, brother, sister, aunt, mother, father, etc.).
- ♦ The Citizenship Declaration must be completed by the person(s) you are requesting to add.
- ♦ The Debts Owed to Public Housing Agencies and Terminations Form must be completed by the adult(s) you are requesting to add.

ADDING MINOR CHILD(REN)

The addition of a family member as a result of birth, adoption, or court-awarded custody does not require BC CH approval. However, you are required to promptly notify our office of the addition within 10 business days.

- ♦ Participant Information Form signed by all adults 18 or older
- ♦ Attach all supporting documentation for the person(s) you are requesting to add (income, assets, expenses, etc.)
- ♦ Provide a copy of their social security card (for newborn child(ren) provide a birth certificate)
- ♦ The Citizenship Declaration must be completed and include the child(ren)
- ♦ Provide a copy of court ordered custody or guardianship, or notarized statement from absent parent.
- ♦ If you are receiving or will start to receive child support, you must report/include that on the Participant Information Form.

REMOVING A HOUSEHOLD MEMBER

If you are requesting to remove a person(s) from your household, you must complete a Participant Information Form and attach a notarized statement from the person(s) who will be moving out of your unit. This statement must include:

1. The date the person is leaving;
2. The address or location they are moving to; and
3. Certification that they understand they may not return to the unit without prior written approval from BC CH and the landlord and that the information they are providing is true and complete.

If it is impossible to provide a notarized statement, you must submit another form of documentation supporting the change. You must also notify your landlord that the person(s) are vacating the unit.

Documents to provide for person(s) being added:

I. INCOME

EMPLOYMENT INCOME- For every member of your household that is working, please provide the following:

- ♦ Paystubs – Current & consecutive for the last 60 days
- ♦ Documentation of other types of income such as tips, commissions, etc.
- ♦ For new employment, you must provide a statement from your employer providing the date of hire, average hours worked per week, and hourly rate or salary amount. The statement must be on company letterhead; OR you may provide your employer with our Employment

DOCUMENT LIST Continued

- ♦ Verification Form that is available on our website at www.bcacha.org or in our office lobby.

SELF EMPLOYMENT

- ♦ You must complete a Self-Employment Form to include the income and expenses for the last 12 months. Receipts for expenses must be attached to the form. The form is available online at www.bcacha.org or in our office lobby.
- ♦ You must also provide a copy of your most recent tax return. If you do not have a tax return because it is new employment, please indicate that on the form.

SOCIAL SECURITY

- ♦ If you or a family member have been receiving Social Security, SSI, or SSDI for more than 3 months you are not required to provide an award letter.
- ♦ If you have been receiving this source of income for less than 3 months or the amount you receive has changed (not including COLA) you must provide a copy of a current award letter dated within the last 60 days. If you are unable to provide the document(s), you may request a copy of your award letter by calling 1-800-772-1213 or going to www.ssa.gov.

CHILD SUPPORT:

- ♦ If you have an open case with Idaho you do not need to provide a printout
- ♦ If you receive child support from another state, you must provide a printout of the last 12 months
- ♦ If you don't have an open case but receive child support you must provide documentation of the payments received (ex. Notarized statement from the paying parent or copies of checks)

UNEMPLOYMENT BENEFITS:

- ♦ If you are currently receiving unemployment, you must provide a printout of the last 12 months. Screenshots will not be accepted.

GIFT CONTRIBUTION

- ♦ You must provide a notarized statement from the person(s) that give you money or pay your bills. This must include the amount they provide/pay on a monthly basis

OTHER INCOME:

- ♦ For all other income sources you must provide documentation from the source stating the monthly amount received. For example, VA pension, Pension, annuities, Disability Income, Workmen's Compensation, alimony, etc.

II. ASSETS

BANK STATEMENTS

- ♦ Current bank statements for all accounts for all family members (i.e., Checking, savings, CDs, etc.)

STOCKS/BONDS

- ♦ Current statement indicating value of stock, and dividend amount.

LIFE INSURANCE

- ♦ Cash surrender value only (please attach table of cash value)

III. FULL TIME STUDENT STATUS (including students 18 or older in high school)

- ♦ Please provide a LETTER from the school's REGISTRAR OFFICE indicating current full time student status (DO NOT provide an acceptance letter, bill, or schedule).
- ♦ If enrolled in college, please provide a print out of Financial Aid award letter

IV. MEDICAL EXPENSES- If you, your Spouse, or Co-Head are 62 years of age or older, disabled, and you have medical expenses that exceed your insurance coverage, your family may provide documentation of out of pocket medical expenses.

- ♦ For prescription medications you would provide a print out of the last 12 months from your pharmacy. Over the counter expenses are not eligible, even if prescribed by a health care provider.
- ♦ If you have outstanding medical bills and you have entered into repayment agreement with a Health Care Provider and are currently making payments, please provide a statement from the Health Care

DOCUMENT LIST Continued

- ♦ Provider on company letterhead detailing all of the below:
 - Anticipated medical expenses for the next 12 months
 - Current balance
 - Expenses of past twelve (12) months
 - Expected monthly payments
- ♦ Medical coverage (Only if you pay a premium).

V. **CHILD CARE EXPENSES**- If you have children 12 years old or younger and you pay for child care to enable a family member to work, actively seek work, or attend school, you may qualify for a child care expense deduction.

- ♦ Provide the name, address, phone number and fax of your child care provider
- ♦ You must provide copies of the last 3 months receipts
- ♦ If applicable, a copy of your most recent ICCP award letter

It is the policy of BC CH to see that every individual regardless of race, religion, color, sex, gender identity, national origin, sexual orientation, familial status or disability shall have equal opportunity in accessing affordable housing. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please submit a request in writing or contact our office at (208) 345-4097.

1001 S. Orchard Street
Boise, Idaho 83705

Phone (208) 345-4907
Fax (208) 345-4909
www.bcacha.org

PARTICIPANT INFORMATION FORM

Are you reporting a change? YES NO If yes, please list change(s) _____

HOME PHONE: _____ CELL PHONE: _____

PRIMARY LANGUAGE: _____ TRANSLATION NEEDED? YES NO

Starting on the first line for the Head of Household, please supply the following information for all adults and children that will live in the housing unit to be assisted. List adults first, then children. Enter one of the following codes in box 6 to identify the household relationship of each adult and child listed.

H = Head of Household K = Co-Head (Not Married) Y = Youth Under 18 L = Live-in aide
S = Spouse (Married) F = Foster Child/ adult E = Full Time Student Over 18 = Other adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation H	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number	
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number	
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number	
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8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number	
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8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number	
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number	

INCOME INFORMATION

Check all sources of income received by everyone living in your household. This includes money from wages, self-employment, child support, Social Security, Workman's Compensation, retirement benefits, alimony, Veterans benefits, rental property income, alimony, gift contributions, and all other sources. **You MUST attach current documentation as proof of each source of income. See enclosed Document List.**

- | | | |
|--|---|--|
| <input type="checkbox"/> Employment wages | <input type="checkbox"/> Child Support | <input type="checkbox"/> Retirement benefits |
| <input type="checkbox"/> Self- Employment | <input type="checkbox"/> Alimony | <input type="checkbox"/> Pensions |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Social Security | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> SSI or SSDI | <input type="checkbox"/> Veterans pension or benefits | |
| <input type="checkbox"/> Alimony payments | <input type="checkbox"/> Gift contributions | |

List all sources and amounts below:

Household Member	Name of income source / Employer	Monthly Wages	Monthly Child Support	Social Security Benefits	Unemployment Benefits	All other Income (Gifts, Pensions, etc.)

ZERO INCOME CERTIFICATION

Are you or any other adult claiming zero income? Yes No If yes, who: _____

ASSET INFORMATION

Bank accounts & Other assets: Check all assets that you or any member of the family has, including checking or savings accounts, savings bonds, stocks, real estate, money market accounts, CDs, etc. **You MUST attach current documentation for each asset. See enclosed Document List.**

Household Member	Checking account?	If yes, current balance	Savings account?	If yes, current balance	Other asset? (CDs, Stocks, Bonds, annuities, Money Market accounts, retirement accounts, personal property)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL EXPENSE ALLOWANCE

May complete ONLY if the Head of Household, Spouse, or Co-Head is age 62 or older or disabled

If you wish to claim an allowance for your out of pocket Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription Medicines, complete the following. **You MUST attach current documentation for each medical expense in order for it to be included.** Do not list health care providers whose services are covered entirely by insurance, or to whom you do not owe any amount.

Household Member	Type of Expense	Name of the Provider You Pay for this Expense	Amount You paid/pay "Out of Pocket"
	<input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Medications <input type="checkbox"/> Insurance Premium <input type="checkbox"/> Other:		
	<input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Medications <input type="checkbox"/> Insurance Premium <input type="checkbox"/> Other:		
	<input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Medications <input type="checkbox"/> Insurance Premium <input type="checkbox"/> Other:		
	<input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Medications <input type="checkbox"/> Insurance Premium <input type="checkbox"/> Other:		

OTHER ALLOWANCE

Do YOU pay child care for a family member under the age of thirteen (13)?	If yes, what child(ren)?	Child Care Provider Name	Amount you pay
<input type="checkbox"/> Yes <input type="checkbox"/> No			

(You must attach acceptable documentation in order for this expense to be included. See enclosed Document List.)

PARTICIPANT CERTIFICATION

** If household members 18 or older MUST sign**

I certify that all the information provided on this form, including household composition, family income and assets, and allowances is true and complete to the best of my knowledge and belief. I know that I am required to provide supporting documentation in order to verify each source of income, asset, or expense. I understand that if I don't provide adequate documentation, the expenses will not be included and/or my housing assistance may be terminated. I understand that false statements or information is punishable under Federal Law.

Head of Household Signature

Date

Spouse / Co-Head / Other Adult Signature

Date

Other Adult Member Signature

Date

Other Adult Member Signature

Date

Other Adult Member Signature

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)

Boise City and County Housing Authorities
1001 S. Orchard St.
Boise, ID 83705

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:

- PH-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)(C) 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.

Authorization for the Release of Information

PH requesting release of information:

Boise City / Ada County Housing Authority
 1001 S. Orchard St.
 Boise, ID 83705

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named H 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. HUD and the H need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the H may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

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.

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 H's grievance procedures and Section 8 informal review and hearing procedures.

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

- | | |
|-----------------------------------|--|
| Previous Landlords | Social Security Administration |
| Current and Prospective Landlords | State Unemployment Agencies |
| Courts and Post Offices | Veterans Administration |
| Schools and Colleges | Retirement Systems |
| Law Enforcement Agencies | Medical and Child Care Providers |
| Support and Limony Providers | Banks and other Financial Institutions |
| Past and Present Employers | Credit Providers and Credit Bureaus |
| Welfare Agencies | Utility Companies |

Consent: I consent to allow HUD or the H 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 HUD's assisted housing programs. I understand that H's 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:

_____	_____	XXX-XX-_____
Head of Household	Date	Last 4 digits of Social Security Number
_____	_____	XXX-XX-_____
Spouse/Co-Head	Date	Last 4 digits of Social Security Number
_____	_____	XXX-XX-_____
Other adult over age 18	Date	Last 4 digits of Social Security Number
_____	_____	XXX-XX-_____
Other adult over age 18	Date	Last 4 digits of Social Security Number
_____	_____	XXX-XX-_____
Other adult over age 18	Date	Last 4 digits of Social Security Number

FAMILY OBLIGATIONS & HOUSING CHOICE VOUCHER (HCV) REPORTING REQUIREMENTS

POLICY ACKNOWLEDGEMENT (Please read both pages of this form carefully)

The guidelines outlined in this document are provided to help you comply with the rules and regulations of the Boise City/Ada County Housing Authority (BCCHA) HCV Program. In order to provide rental assistance to as many eligible families as possible, all participants in this HUD-funded program must properly utilize government funds and follow policy requirements. Fraud, willful misrepresentations, or intent to deceive with regard to reporting requirements of the HCV Program are criminal acts and may be prosecuted in a court of law.

VIOLATIONS OF FEDERAL RULES IN CONNECTION WITH HOUSING ASSISTANCE WILL RESULT IN IMMEDIATE TERMINATION FROM THE PROGRAM.

Please read the family obligations and reporting requirements carefully. Your signature on this document serves as verification that you have read and understand the information contained within this document. If you have any questions regarding program requirements, please contact your Housing Representative at (208) 345-4907.

FAMILY OBLIGATIONS

The family obligations listed in this section are in accordance with the Code of Federal Regulations (CFR) Title 24, 982.551. A summary of the family obligations is provided below.

1. The Family must supply any information that BCCHA or HUD determines to be necessary in the administration of the program.
2. The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Any information supplied by the family must be true and complete.
4. The family is responsible for any Housing Quality Standards (HQS) breach by the family, including but not limited to, failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.
5. The family must allow BCCHA to inspect the unit at reasonable times and after reasonable notice.
6. The family may not commit any serious or repeated violation(s) of the lease.
7. The family must notify BCCHA and the owner, **IN WRITING**, before moving out of the unit or terminating the lease. A minimum 30-day notice is required.
8. The family must promptly give BCCHA a copy of any eviction notice.
9. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
10. The composition of the assisted family residing in the unit must be approved by BCCHA and the landlord. The family must promptly inform BCCHA of the birth, adoption or court-awarded custody of a child. The family must request BCCHA and landlord's approval to add any other family member as an occupant of the unit.
11. The family must promptly notify BCCHA if any family member no longer resides in the unit.
12. The family must not sublease the unit, assign the lease, or transfer the unit.
13. The family must promptly notify BCCHA of any extended absence from the unit. Extended absence is defined as any period greater than 30 calendar days.
14. The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
15. The family must not own or have any interest in the unit. The family must not receive HCV assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the

- family, unless BC CH has determined that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
16. The members of the family must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
 17. The members of the family may not engage in drug-related criminal activity, violent criminal activity, other criminal activity, or the abuse of alcohol that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
 18. An assisted family or member of the family may not receive HCV assistance while receiving any other housing subsidy for the same unit or a different unit under any other federal, state, or local housing assistance program.

HOUSING CHOICE VOUCHER (HCV) REPORTING REQUIREMENTS

** For a change to be effective on the 1st of the month following the change, the change must be reported in writing by the 20th day of the preceding month. **

1. **INCOME:** All applicants/Participants must report all sources of income initially and at each annual reexamination. Examples include, but, are not limited to: Employment Wages; Child Support Payments; Social Security Income; Supplemental Income (SSI); Cash assistance through Health & Welfare (Medicaid); Pension Income; Veteran's Benefits.
2. **CHANGES IN INCOME:** Participants must report all increases in income within 10 days of the occurrence.
3. **REPORT ALL HOUSEHOLD MEMBERS:** Identify all individuals who are residing in the unit, and/or any individuals who are expected to reside in the unit.
4. **NO UNAUTHORIZED PERSONS** may reside in the unit without prior written approval from the BC CH and owner. No unauthorized person may receive any type of mail at the subsidized unit address.
5. **VISITORS.** HCV participants are allowed to have visitors for a total of no more than 30 days during any 12- month period.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE RECEIVED HOUSING CHOICE VOUCHER BRIEFING PACKET THAT INCLUDES THE FOLLOWING FORMS: 1) IS IT WORTH IT? HUD-1141; 2) WHAT YOU SHOULD KNOW ABOUT EIV; 3) NOTICE OF OCCUPANCY RIGHTS AND HUD-5382; 4) INFORMATION ON HOW TO FILL OUT AND FILE HOUSING DISCRIMINATION COMPLAINT FORM; 5) PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME; 6) LIST OF COMMON HOUSING RISKS.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I UNDERSTAND THE HCV PROGRAM FAMILY OBLIGATIONS AND THE REPORTING REQUIREMENTS. I HEREBY AGREE TO FOLLOW THE FAMILY OBLIGATIONS AND REPORT ANY OF THE ABOVE LISTED CHANGES TO THE BC CH WITHIN TEN (10) DAYS OF THE CHANGE OR OCCURRENCE. I UNDERSTAND THAT FAILURE TO FOLLOW THE ABOVE RULES MAY RESULT IN TERMINATION OF MY HCV RENTAL ASSISTANCE. I UNDERSTAND THAT I CAN BE FINED UP TO \$10,000, OR IMPRISONED UP TO FIVE YEARS IF I FURNISH FALSE OR INCOMPLETE INFORMATION.

Signature: _____
Head of Household

Date

Signature: _____
Spouse/Co-Head/Other Adult

Date

Signature: _____
Other Adult Household Member

Date

**** THIS DOCUMENT MUST BE SIGNED BY ALL ADULTS IN THE HOUSEHOLD ****



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 10/31/2019.

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 or such other period consistent with State Law.

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:

Boise City/ da County Housing uthority
 1001 S. Orchard St.
 Boise, ID 83705

**I hereby acknowledge that the PHA provided me with the
 Debts Owed to PHAs & Termination Notice:**

Signature

Date

Printed Name

1001 S. Orchard Street
Boise, Idaho 83705

DECLARATION OF CITIZENSHIP

Phone (208) 345-4907
Fax (208) 345-4909
www.bcacha.org

Part 1: Applies to All Family Members

Each person who will benefit under the subsidized housing program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the U.S. or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the U.S. or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign this form. For each child who is not 18 years of age, the form must be signed by an adult member of the family who is responsible for the child. Use blank lines to add family members who are not listed. **Consent to Verify Eligible Immigration Status:** Each family member required to complete Part 2 of this form must also sign below granting consent to verify eligible immigration status.

First and Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status	Signature of Adult Listed to the left or Signature of Guardian for Minors
_____		<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____		<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____		<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____		<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____		<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____		<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____		<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____		<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____		<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____		<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____

Warning- Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status above must provide this office with an original of one of the following documents:

1. Form I-551, Alien Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-688, Temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. 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.

Do not mail original documents to this office. If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Part 3: Head of Household Certification

I, as Head of Household, certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature: _____

Date: _____



BARRIER
FREE