

You may return your completed application along with the required documents to our main office in Dunmore on:

**TUESDAYS AND THURSDAYS FROM 9AM TO 12 PM ONLY**

Any application being dropped off outside of these times may be put in the drop box located in our vestibule.

Or you may mail completed application along with all required documents to:

Housing Authority of the County of Lackawanna

2019 W. Pine Street

Dunmore, PA. 18512

**Public Housing Application**  
**Housing Authority of the**  
**County of Lackawanna**



**ASSISTING LACKAWANNA COUNTY FAMILIES AND INDIVIDUALS  
WITH SAFE AND AFFORDABLE HOUSING SINCE 1961**

**2019. West Pine St**  
**Dunmore, PA 18512**  
**(570) 342-7629**  
**[www.hacl.org](http://www.hacl.org)**

## INFORMATION & INSTRUCTIONS FOR APPLICANT'S

You are encouraged to read all information in the Application for Admission Packet. The application and all supplemental forms must be filled out in full and signed by all adult family members. If all information required on the application and listed below is not received by the Housing Agency within ten (10) calendar days of the application date, the application will be denied.

A criminal history check will be run on all household members aged eighteen (18) and over. The PHA may require that a family member provide fingerprints to be run through the FBI's national fingerprint system if criminal activity is revealed in the local or state systems. The PHA is screening for specific criminal backgrounds, as well as criminal activities that prohibit a person from receiving housing assistance during his/her lifetime, are described in the Admissions and Continued Occupancy Policy. Lifetime prohibitions include persons required to register under a state lifetime sex offender registration program and persons who have been convicted of methamphetamine production in federally assisted housing. If an applicant is offered a rental unit before the background check information is received by the PHA and the results of the check reveals drug-related or violent criminal activity, any lease agreement executed may be terminated.

In addition to completion of the written application and signing all forms in the application packet, the applicant must provide:

- Social Security numbers and original Social Security cards for all members of the household
- A current driver's license or state-issued photo identification for each adult household member
- For each minor listed on the application, original proof of custodianship or right to live with the family (such as birth certificate or divorce decree)
- The name and address of any parent who will not be living in the household
- Additional verification forms as determined necessary to verify income, family composition, deductions and allowances based on review of the application by the PHA

Original documents provided will be copied by the PHA, and the original documents will be returned to the applicant.

If it is determined during the review process that the applicant failed to disclose relevant information requested or provided false information on the application or at the interview, the application may be denied.

Eligible applicants are placed on the appropriate waiting list and offered an apartment in accordance with the HUD approved Tenant Selection and Assignment Plan, which is available for review upon request in the management office. Applicant screening and offers of rental units will be made without discrimination regarding race, color, religion, sex, age, handicap, familial status, or national origin.

The applicant must notify the PHA in writing of any changes in income, household members, assets, address, or telephone number while on the waiting list. This information is used in determining eligibility and unit size for which the family is eligible and for contacting the applicant. If the PHA is unable to contact the applicant due to a change in address or telephone number that has not been reported in writing, the application will be removed from the waiting list.

When the PHA realizes a vacant unit will soon be available, they will contact up to the first 15 applicants on that site's waiting list via phone, letter and/or e-mail message. Of those applicants the one to respond first with all current documentation of preferences and all other required documents will be offered the unit. If the rental unit offered is declined, but the applicant desires to remain on the waiting list, his/her name will be moved to the appropriate place on the waiting list as detailed in the Admissions of Continued Occupancy Plan. Failure to respond to an offer will result in removal from all waiting lists.

HOUSING AUTHORITY OF THE COUNTY OF LACKAWANNA  
PREFERENCE VERIFICATION

The following are acceptable types of preference verifications:

1. Victim of domestic violence  
✓ *Verification Required: Signed letter (original only) from Women's Resource Center or other legitimate organization that deals with domestic abuse; PFA original documentation*
2. Veteran  
✓ *Verification Required: Form DD214*
3. Immediate Family of active military personnel  
✓ *Verification Required: Orders from branch of service*
4. Victim of Federally Declared Disaster  
✓ *Verification Required: This will be obtained through the Federal Government's declaration. Proof of residence within the disaster zone.*
5. Displacement due to fire, government condemnation, or flood (beyond control of applicant)  
✓ *Verification required: Proof of destruction (letter or form) of home from a government body (local borough or township), fire department, red cross, insurance company.*
6. I am Homeless  
✓ *Verification Required: Signed letter (original only) from a Homeless Shelter*
7.
  - a. The head, spouse, or sole member of my household is employed at least 20 hours per week, and has been for at least 6 months.  
✓ *Verification Required: Signed letter (original only) from the employer, stating when employment began, and hours worked per week.*
  - b. The head, spouse, or sole member of my household is an active full-time participant in, or a recent (within past one year) graduate of, educational and training programs designed to prepare individuals for the job market.  
✓ *Verification Required: If already graduated, submit Certificate of Completion (original only). If a current participant, submit entry record and/or signed letter from the educational or training institution (originals only).*
  - c. The head, spouse or sole member of my household is working part-time AND participating part-time in educational and training programs designed to prepare individuals for the job market.  
✓ *Verification Required: 1. Signed letter (original only) from the employer, stating when employment began, and hours worked per week, AND 2. Entry record and/or signed letter from the educational or training institution (originals only).*
  - d. The head, spouse, or sole member of my household is 62 years of age or older.  
✓ *Verification Required (one of the following):*
    - a) Birth Certificate
    - b) Certificate of Citizenship.
    - c) U.S. Citizenship Identification Card (INS Form I-197).
    - d) Religious Record of Baptism (created within one year of birth) used.
    - e) Bureau of Indian Affairs Documentation of Membership in Federally recognized Tribe.
    - f) Government-Issued Photo I.D..
    - g) Passport
  - e. The head, spouse, or sole member of my household is receiving Social Security Disability benefits, Supplemental Security Income (SSI) Disability Benefits, or other payments based on inability to work.  
✓ *Verification required: Independent third party income verification.*
- A. Future employment in Lackawanna County, including Scranton and Carbondale (The head, spouse or sole member has been hired for a job, but the job has not yet started)  
✓ *Verification required: Letter of Hire from Employer (original only), stating when the job will begin*

For Office Use Only. Applicants should not write in this section.

Eligibility Determination

Date/Time: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_ Initial Eligibility Y N  
Received by: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Final Eligibility Y N  
List any special assistance required by this applicant: \_\_\_\_\_ Denied: Date \_\_\_\_\_

**PREFERENCES: (Check all that applies)**

\_\_\_ Victim of Domestic Violence \_\_\_ Veteran/Immediate Family of an Active Military Person \_\_\_ Homeless  
\_\_\_ Elderly \_\_\_ Disabled \_\_\_ Live in Lackawanna County \_\_\_ Live in the City of Scranton or Carbondale  
\_\_\_ Displaced due to a Federally Declared Disaster, fire, flood

**Limited English Proficiency:**

Do you require oral and/or written information in any language other than English?  Yes  No  
If yes, which language: \_\_\_\_\_ Please contact the Public Housing applications Office for assistance. If no, continue.

**Instructions:**

Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the same unit exactly as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it.

**Applicant Head of Household:**

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Physical Address Where You Currently Live: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Social Security Numbers:**

Social Security cards must be provided for all persons who will live in the rental unit.  
Is any household member's current legal name different than the name on his/her SS card?  Yes  No  
If yes, contact the Social Security office immediately to obtain a corrected card with the current legal name.  
Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using?  Yes  No  
If yes explain \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION** (You are required to list all persons who will stay in the rental unit at any time during the lease period. No person may reside in a subsidized unit whose residency has not been previously approved by the Housing Authority.)

**\*Applicants are not required to disclose being disabled. However, benefits for which persons with disabilities are entitled cannot be provided unless the participant discloses being disabled.**

**LIST BELOW ALL PERSONS AGE 18 OR OLDER:**

Adults (age 18 and older)		Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	List most recent date	
Last	MI								Employed	Received TANF
Last			HEAD							
First	MI									
Last			Spouse (Leave blank if not married)							
First	MI									
Last			Co-Head (if no spouse)							
First	MI									
Last			Other Adult							
First	MI									
Last			Other Adult							
First	MI									
Last			Other Adult							
First	MI									
Last			Other Adult							
First	MI									

**LIST BELOW ALL PERSONS UNDER THE AGE OF 18:**

Minors (Under Age 18)		Social Security #	Relation to Head	Sex	Race/Ethnicity	Birth Date	Age	Disabled* Y/N	Name of School or Day Care Attended	Name & Address of Absent Parent <i>(if both parents are not in household)</i>
Last										
First	MI									
Last										
First	MI									
Last										
First	MI									
Last										
First	MI									
Last										
First	MI									
Last										
First	MI									
Last										
First	MI									
Last										
First	MI									
Last										
First	MI									
Last										
First	MI									

**I. Household Composition continued**

1. Is any household member over age 18 a full time student (*other than head of household or spouse of head of household*)?  Yes  No  
 If yes, list name and the school they attend: \_\_\_\_\_
2. Is the *Spouse of the Head of Household* temporarily absent from the home?  Yes  No  
 If yes, where? \_\_\_\_\_  
 When will the person return? \_\_\_\_\_  
 Does absent spouse have income?  Yes  No  
 If yes, list below:  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_
3. Does anyone in your household require special accommodations due to a handicap or disability?  Yes  No  
 If yes, specify requirements: \_\_\_\_\_
4. Does any elderly or disabled household member require a Live-In Aid?  Yes  No

**II. INCOME AVAILABLE TO HOUSEHOLD**

List all income earned or received by everyone living in the household regardless of age.  
 List **gross** amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount
Wages or Earnings					\$
					\$
TANF					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$



Income Source	Yes	No	Family Member	Source	Amount
Alimony					\$
Military Income					\$
Regular Contributions or Gifts					\$
					\$
Self Employed (lawn care, hair stylist, manicures, child care, etc.)					\$
					\$
Temporary / Sporadic Income / Irregularly Received Income					\$
					\$
Cyclical or Seasonal Work					\$
Student Financial Assistance (Scholarships, Grants, Work-Study income)					\$
					\$
Lump Sum Payments					\$
Veterans Administration					\$
Other (list type)					

**Previous Year's Tax Return.** Indicate the amount of the gross income shown by each family member (other than minors) residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income

1. Does anyone outside the household help with bills on a regular basis?  Yes  No

2. If yes, list name of each person or agency that assists with bills:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

3. Is any household member age 18 or older employed in a job training program?  Yes  No

If yes, list his/her name and the specific job training program: \_\_\_\_\_

4. Has anyone in your household applied for any benefits which are in the process of being approved?  Yes  No

If yes, explain: \_\_\_\_\_

5. Has any household member been awarded:

Child Support  Yes \$ \_\_\_\_\_  No

Alimony  Yes \$ \_\_\_\_\_  No

**III. ASSETS**

1. Check each type of asset owned by any household member.

Type/Asset	Yes	No	Type/Asset	Yes	No
Real Estate	Yes	No	Checking Account	Yes	No
Stocks	Yes	No	Savings Account	Yes	No
Bonds	Yes	No	Certificate(s) of Deposit	Yes	No
Company Retirement or Pension Fund	Yes	No	Trusts	Yes	No
Insurance Settlements	Yes	No	Other	Yes	No

2. Has any asset been given away or sold for less than its fair market value in the past 2 years?  Yes  No

If yes, what? \_\_\_\_\_  
 What was its market value? \$ \_\_\_\_\_ How much did you receive? \$ \_\_\_\_\_

**IV. MEDICAL AND DISABILITY ASSISTANCE**

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of household or Spouse is disabled or is 62 years of age or older.)

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<i>medical Insurance(s)</i>	\$ _____	<i>Doctor's Visits</i>	\$ _____
<i>prescription medicine(s)</i>	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work?  Yes  No

If yes, itemize:

- a. \_\_\_\_\_
- b. \_\_\_\_\_

**V. CHILD CARE**

1. Do you pay for Child Care for children age 12 or younger while you work, attend school, or seek employment? \_\_\_\_\_ If yes, to whom are expenses paid? \_\_\_\_\_

How much per month? \_\_\_\_\_

2. Address of Child Care provider: \_\_\_\_\_

3. What amount is reimbursed? \_\_\_\_\_ Source: \_\_\_\_\_

**VI. PREVIOUS HOUSING ASSISTANCE**

Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18?  Yes  No

If yes, under what name: \_\_\_\_\_

Housing Agency/City \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Lease in Name of: \_\_\_\_\_

Were you evicted or asked to move?  Yes  No

Were any wages disregarded in calculating your rent?

Yes  No

**VII. CRIMINAL HISTORY**

1. Has any household member (regardless of age) been involved in, arrested, charged, or convicted for any of the following:

Violent criminal activity?  Yes  No

If yes, give details \_\_\_\_\_

Domestic Violence, dating violence, or stalking?  Yes  No

If yes, name of victim: \_\_\_\_\_ Name of perpetrator: \_\_\_\_\_

Possession, sale, or distribution of illegal drugs?  Yes  No

If yes, give details \_\_\_\_\_

Possession, sale, distribution, or manufacture of methamphetamines?  Yes  No

If yes, give details \_\_\_\_\_

Arrested or detained for any criminal activity not listed above?  Yes  No

If yes, list name/date/disposition of case \_\_\_\_\_

List name of any household member who is required to register as a sex offender: \_\_\_\_\_

If required to report, list name and telephone number of probation/parole officer: \_\_\_\_\_

2. Has any household member participated in drug rehabilitation during the past 12 months?  Yes  No

If yes, explain \_\_\_\_\_

3. Has any household member been evicted from federally assisted housing in the past 3 years?  Yes  No

If yes, who? \_\_\_\_\_

Where? \_\_\_\_\_

**VIII. RENTAL HISTORY**

1. Current Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

Rental Property Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Were you ever late in paying rent?  Yes  No

Were you evicted or asked to move?  Yes  No

2. Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Were you ever late in paying rent?  Yes  No      Were you evicted or asked to move?  Yes  No

### IX. CREDIT HISTORY/PERSONAL REFERENCES

1. List two business where you have had credit or made payments on a regular basis in the past 24 months.

Business \_\_\_\_\_ Address/Phone \_\_\_\_\_

Business \_\_\_\_\_ Address/Phone \_\_\_\_\_

2. List two references (who you are not related to by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_

### X. MISCELLANEOUS INFORMATION

1. List all vehicles that household members will park on PHA property:

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Do you have a pet?  Yes  No

If yes, describe: \_\_\_\_\_

2. How did you learn about our program? \_\_\_\_\_

### XI. APPLICANT CERTIFICATION

All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 14 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

*If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.*

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

# Housing Authority of Lackawanna County

## AUTHORIZATION FOR RELEASE OF INFORMATION

**AUTHORITY:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendment 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. HUD is required to protect the Income Information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a.

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Housing Authority of Lackawanna County (HALC), any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Public Housing and/or Tax Credit Programs. I understand and agree that this Authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing Program rules and policies.

**INFORMATION COVERED:** I understand that, depending on Program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and Inquiries that may be requested include but are not limited to:

Identity and Marital Status	Assets
Employment Income	Medical Allowances
Residences and Rental Activity	Criminal Activity
Child Care Allowances	Credit Activity

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:**

The groups or individuals that may be asked to release the above information (depending on Program requirements) include, but are not limited to:

Other Public Housing Agencies	Welfare Agencies
Past and Present Employers	Medical Providers
Retirement Systems	Banks
Unemployment Agencies	Schools/Colleges
Courts and Post Offices	Credit Unions
Veteran's Administration	Utility Companies
Child Care Providers	Credit Providers
Support and Alimony Providers	Credit Bureaus
Social Security Administration	
Local, State & Federal Law Enforcement Agencies	

**COMPUTER MATCHING NOTICE AND CONSENT:**

I understand and agree that HUD or the HALC may conduct computer-matching programs to verify the information supplied for my application and/or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the HALC may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and food stamp agencies.

**CONDITIONS:** I agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file with the HALC and will stay in effect for one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

**PRIVACY ACT NOTICE:** The following laws authorize the collection of this information by HUD or the HALC: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the Social Security numbers of all household members at least six (6) years old.

<p><b>HEAD OF HOUSEHOLD</b></p> <p>PRINT NAME: _____</p> <p>SIGNATURE: _____</p> <p>DATE SIGNED: _____</p>	<p><b><u>SPOUSE OR 2<sup>ND</sup> ADULT</u></b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>OTHER ADULT (3<sup>RD</sup> ADULT)</b></p> <p>PRINT NAME: _____</p> <p>SIGNATURE: _____</p> <p>DATE SIGNED: _____</p>	<p><b><u>OTHER ADULT (4<sup>TH</sup> ADULT)</u></b></p> <p>_____</p> <p>_____</p> <p>_____</p>

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

HA or IHA requesting release of information (full address, name of contact person, and date):

Housing Authority of the County of Lackawanna

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 303 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

#### Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

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

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.





**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:	I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i> :				
	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Signature</td> <td style="border: none; width: 40%;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name	
Signature	Date				
Printed Name					

Please look over the listing of our developments below and circle the ones you would be interested in moving to. You may circle as many or as few as you like.

Municipality:	Site#	Street Address:	Please Circle:		Special Needs:
Taylor	31-01	Little League Blvd	Yes	No	Family and Elderly Studio-4 bedroom
Dunmore	32-02	Veterans Drive	Yes	No	Family and Elderly Studio-4 bedroom
Moosic	31-03	Main Street	Yes	No	Family and Elderly Studio-3 bedroom
Olyphant	32-04	Kimberly Circle	Yes	No	Family and Elderly 1-4 bedroom
Simpson	34-05	Railroad Avenue	Yes	No	Family and Elderly Studio-4 bedroom
Archbald	34-06	McAndrew Drive	Yes	No	Family and Elderly Studio-4 bedroom
Olyphant	33-07	Grant Street <b>(Elderly Only)</b>	Yes	No	Elderly Studio-1 Bedroom
Old Forge	31-08	Apollo/Eisenhower	Yes	No	Family and Elderly Studio-4 bedroom
Dickson City	33-10	Veterans Drive <b>(Elderly Only)</b>	Yes	No	Elderly Studio-1 bedroom
		Lukasik Drive	Yes	No	2 & 3 bedroom
Taylor	31-12	Kennedy Blvd	Yes	No	Family and Elderly Studio-4 bedroom
Blakely	34-13	Railroad Ave	Yes	No	Elderly High Rise Studio-1 bedroom
					Family 1-4 Bedroom
Clarks Summit	33-14	Cole Village <b>(Elderly Only)</b>	Yes	No	Elderly Studio & 1 bedroom
Jermyn	34-15	Henry Drive	Yes	No	Family and Elderly Studio-3 bedroom
Dickson City	33-16	Grier Street <b>(Elderly Only)</b>	Yes	No	Elderly-1 bedroom
Throop	33-17	Memorial Drive	Yes	No	Family and Elderly 1-4 bedroom
Olyphant	32-18	Walsh Plaza	Yes	No	Family and elderly 1-4 bedroom
Dunmore	32-22	N.Blakely Street <b>(Elderly Only)</b>	Yes	No	Elderly High Rise 1 bedroom
Archbald	34-24	Main Street	Yes	No	Family and Elderly 1&2 bedroom
Jessup	35-26	Mary Jo Drive	Yes	No	Family and Elderly 1-4 bedroom

**\*The applicant is interested in a 2<sup>nd</sup> floor apartment: Circle: Yes No**

I have been advised of the Authority's policy on site base waiting lists. I have been offered the opportunity to be on as many waiting lists as I choose.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_