OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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

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

CoAc
CoAction
5240 Fountain Drive
Crown Point, IN 46307

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 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

Document ID: 13233994359

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.

Authorization for the Release of Information

HA requesting release of information:

CoAc
CoAction
5240 Fountain Drive
Crown Point, IN 46307

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 HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

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 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 (including Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Past and Present Employers
Social Service Agencies
State Unemployment Agencies
State Wage Information Collection Agencies
Social Security Administration
Medical and Child Care Providers
Veterans Administration
Retirement Systems
Banks and other Financial Institutions
Credit Providers and Credit Bureaus
Utility Companies
Internal Revenue Service

Consent: I consent to allow HUD or the HA 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 HAs 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:

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

Document ID: 13232997059

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 this form is restricted to the purposes cited above. 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.

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Asset Self-Certification

Tenant Name

Unit Address

All tenants must provide verification of assets and the income derived from those assets. Review and update household assets held by any family member, irrespective of age. Add new assets in the space provided below. For all new assets, please provide current statements showing the value and interest rate of each asset.

An asset is any one of the following types without limitation:

401(k) or 403(b)	Checking Account	Life Insurance Policies	Pensions	Stocks
Bonds	Individual Retirement Accounts (IRA)	Money Market Account	Real Property (land)	Trust Funds
Certificate of Deposit	Inheritances	Mutual Funds	Savings Account	

Expected income can be derived from interest, dividends, regular periodic payments or regular withdrawals. Enter the Current Balance (worth) of the asset, the annual income expected and whether the account is open or closed.

Current Household Assets

Account Holder	Type of Account	Account Number	Current Balance	Expected Income	Account Open/Closed
		TOTAL			

Certification

☐ The Total Family Assets above do not exceed $5,000.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to $10,000, or imprisoned up to five years if I furnish false or incomplete information.

Head of Household	Date	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

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Zero Income Self-Certification

Tenant ID

Tenant Name

Unit Address

All tenants that claim zero income must complete this form every 90 calendar days. Failure to complete this form in a timely manner may result in the termination of your housing assistance as well as your participation in the program. Additionally, any and all changes in household income and /or composition must be reported within thirty (30) calendar days of the change through the use of the Report of Change Form.

Income Source	Yes/No	Monthly	If "Yes", who receives it
Alimony Payments or Child Support		$	
Disability Benefits, Supplemental Security Income (SSI), or Death Benefits		$	
Financial assistance to attend school		$	
Military Pay		$	
Periodic Gifts		$	
Retirement Payments		$	
Self Employment		$	
Social Security Benefits or Unemployment Benefits		$	
Wages/Salaries or Worker's Compensation		$	
	TOTAL	$	

	Monthly	Paid for by (Full Name, Mailing Address, & Telephone Number/E-mail Address)
Rent and Utilities	$	
Toiletries (e.g. shampoo, soap, etc.)	$	
Food/Beverages/Cigarettes	$	
Telephone	$	
Cable/Internet/Hotspot	$	
Transport (e.g. bus, gasoline, taxi, etc.)	$	
Baby items (e.g. formula, diapers, etc.)	$	
Laundry (e.g. detergent, cleaners, etc.)	$	
Clothing	$	
Other	$	
TOTAL	$	

Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to $10,000, or imprisoned up to five years if I furnish false or incomplete information.

Head of Household	Date	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

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IHCDA -

TENANT INFORMATION FORM

Please review and complete this form. This information will help us determine your assistance.

Head of Household _____

Unit Address _____

Unit City, State, ZIP _____

Mailing Address (if different than above) _____

Telephone Number: _____ ☐ Home ☐ Work ☐ Cell ☐ Other_____

Telephone Number: _____ ☐ Home ☐ Work ☐ Cell ☐ Other_____

E-mail Address _____ ☐ I would like to receive correspondence via e-mail.

Part 1: Household Information

Indicate the current status of all adults and children that will live in the housing unit to be assisted. Add new members in the space provided below, including the full Social Security Number for each. Enter one of the following codes in box 6 to identify the relationship of each new adult and child listed.

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

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number ***-**-		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number ***-**-		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number ***-**		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number		11. Living in Household ☐ Yes ☐ No

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TENANT INFORMATION FORM

Part 1: Household (Continued)

1.	Does your family lack a regular nighttime residence, live in a shelter, or other non residential place?	☐ Yes ☐ No
2.	Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing?	☐ Yes ☐ No
3.	Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years?	☐ Yes ☐ No
4.	Do you or any member of your household have a history of controlled substance or alcohol abuse that has not been abated through rehabilitation?	☐ Yes ☐ No
5.	Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing?	☐ Yes ☐ No
6.	Are you or any member of your household subject to a lifetime sex offender registration under a State sex offender registration program?	☐ Yes ☐ No
7.	If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here:	

Part 2: Asset Information

1.	Has any member of the family given away or disposed of assets valued at more than $1,000 for less than fair market value during the past two years?	☐ Yes ☐ No

Review and update household assets held by any family member, irrespective of age. Add new assets in the space provided below. An asset is any one of the following types without limitation:

401(k) or 403(b)	Individual Retirement Accounts (IRA)	Mutual Funds	Stocks
Bonds	Inheritances	Pensions	Trust Funds
Certificate of Deposit	Life Insurance Policies	Real Property (land)	
Checking Account	Money Market Account	Savings Account	

DOCUMENTATION REQUIRED: Provide current statements showing the value and interest rate of each asset and check the Documentation Attached box for each asset.

Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No
Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No
Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No
Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No
Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No

Attach Additional Sheets if Necessary

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TENANT INFORMATION FORM

Part 3: Income Information

1. Did you file a Federal Income Tax Return last year? ☐ Yes ☐ No

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

Review and update the following income information for all family members 18 or older, including income received on behalf of household members under the age of 18. Check "Fixed" for income that changes annually based on a COLA or Interest Rate. Add new income sources in the space provided below. An income is any one of the following types without limitation:

Alimony Payments	Food Stamps	Self Employment	Wages/Salaries
Child Support	Military Pay	Social Security Benefits	Welfare Benefits
Disability Benefits	Periodic Gifts	SSI	Worker's Compensation
Financial assistance to attend school	Retirement Payments	Unemployment Benefits	

DOCUMENTATION REQUIRED: Provide two current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Attached box for each income.

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Attach Additional Sheets if Necessary

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TENANT INFORMATION FORM

Part 4: Household Expenses

1. Does any adult household member (age 18 or older) attend school full time? (If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below.) ☐ Yes ☐ No

2. Does any member of your family have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult family member can work? ☐ Yes ☐ No

3. Does any member of your family have UNREIMBURSED expenses for care of a person with disabilities so that an adult family member can work? ☐ Yes ☐ No

4. **ONLY complete the following if the head of household, spouse or co-head is age 62 or older, or has a disability.** Does any member of your family have UNREIMBURSED medical expenses (i.e. Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription/Non Prescription Medicines (prescribed by a physician))? ☐ Yes ☐ No

Review and update the following expense information relating to questions marked as Yes in the lines above. Additional expenses must be entered in the space provided below.

DOCUMENTATION REQUIRED: Provide documentation from Verification Source listing the monthly payment for each expense and check the Documentation Attached box for each expense.

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Attach Additional Sheets if Necessary

Part 5: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to $10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____ _____

Date

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ihcda

Indiana Housing & Community Development Authority

Housing Choice Voucher (HCV) Family Rights and Obligations

Head of Household: _____

Family Members:

Local Subcontracting Agency (LSA) Name: CoAction

Name of LSA Contact Person: _____

Obligations of the Indiana Housing and Community Development Authority (IHCDA) and the Local Subcontracting Agency

The IHCDA will make the housing assistance payment on your behalf directly to the owner of your unit so long as you are eligible. The IHCDA and/or the LSA will provide an annual reexamination of your eligibility, an annual inspection to assure that your unit meets Housing Quality Standards under the program, and other services that may be available to you as a participant.

Obligations of HCV Applicant Families and Assisted Households

Rights and Obligations under the HCV program extend to all members of the assisted household with the exception of a request for an informal hearing as this right may only be exercised by the Head of Household (HoH) or their representative.

All applicant families and participating assisted households must comply with specific program obligations to start or continue receiving HCV assistance. Applicant families and assisted households are obligated to:

1. Provide true, complete, and accurate information to the Public Housing Agency (PHA) within 30 calendar days of a change in circumstances or of a request by the PHA. This includes providing information regarding family income, family assets, family composition, family citizenship, family crime history, or other information as required for eligibility determination.

2. Establish citizenship or legal immigration status for any household member.

3. Take responsibility for the care of the assisted housing unit including maintenance of utility services for which you have responsibility. This includes correcting family-caused breach of the Housing Quality Standards (HQS).

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Obligations of HCV Applicant Families and Assisted Households (Cont'd)

4. Report any violation of HQS to the PHA and to your landlord.

5. Cooperate in attending all appointments scheduled by the PHA.

6. Complete and sign all required forms for the PHA. Required forms include but are not limited to the Tenant Information Form (TIF), the Authorization for Release of Information Form, and other forms related to initial and ongoing eligibility for benefits.

7. Supply any information that the PHA deems to be necessary for all household members, including the submission of birth certificates, social security cards, and picture IDs for adult household members.

8. Remain in the initial assisted unit for twelve months of assistance under the HCV program. Thereafter, remain in the unit for the period of time specified in the lease.

9. Use the assisted unit only for the purpose of residence.

10. Comply with the terms of the lease with the owner.

11. Report all changes in writing to your LSA caseworker including changes in household income, assets, household composition, or other changes in your living conditions to the LSA within 30 calendar days of the occurrence.

12. Cooperate in establishing agreements to repay assistance that was incorrectly paid out on your behalf under any federal housing program. Also, repay assistance as agreed upon with the PHA.

13. Not engage in criminal activities or allow/permit criminal activity by any guest or any other person on or about the premises of the unit.

14. Obtain permission from the PHA and the landlord prior to allowing someone to move into the unit.

15. Allow the PHA to inspect your unit at a reasonable time after you have receiving reasonable notice.

16. Notify the PHA in writing anytime the HoH is going to be absent from the unit for 30 or more consecutive calendar days.

17. Notify the PHA and the property owner/landlord in writing at least 30 calendar days prior to terminating the lease on an assisted unit.

18. Promptly give the PHA a copy of any eviction notice received from the property owner/landlord.

19. Never sublease, assign, transfer, or rent out rooms in the unit or otherwise re-rent the unit.

20. Never withhold rent for any reason while being assisted under the HCV program.

Grounds for Termination

The PHA may deny or terminate your HCV assistance if the applicant family or the assisted household:

1. Violates any family obligations (see number 1 through 20 above);

2. Commits fraud, bribery, and/or any other corrupt or criminal acts in connection with any federal housing programs;

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3. Participates in illegal drug activity (notable including drug-related activity with methamphetamine), violent activity, abuse of alcohol, and/or sexual offenses;

Grounds for Termination (Cont'd)

4. Pays any money to a property owner/landlord over and above the amount of contracted rent approved for participation in the HCV program;

5. Receive HCV program assistance for the unit while receiving other ongoing rental assistance for the unit;

6. Uses the assisted unit for purposes other than residence;

7. Aside from normal wear and tear on the unit, damages the unit and/or allows any guest of the household to damage the unit;

8. Allows anyone to move into the assisted unit without the express written permission of the PHA;
IHCDA defines "guest" as anyone not on the lease. A guest can remain in the unit no longer than 30 consecutive days or a total of 90 cumulative cal days during any 12 month period.

9. Rents a unit from a property owner/landlord who is related to you or any member of your family by blood or marriage including wife, husband, parent, child, grandparent, sister, or brother unless you receive the express written approval of the LSA and/or the IHCDA.

Increases in household income, assets, or changes in household composition could also affect your eligibility.

HoH Initials: _____

Illegal Discrimination

If you or a member of your family have reason to believe that in your search for suitable housing you have been discriminated against on the basis of age, race, color, sex, disability, national origin, and/or familial status, you may file a housing discrimination complaint with any Department of Housing and Urban Development (HUD) office. Upon request, the LSA will provide a form (HUD 903.1 Housing Discrimination Complaint) and appropriate information on file.

HoH Initials: _____

Informal Review/Hearing Process

If the PHA sends a denial letter or a notice of terminated titled "Transmittal Termination or Denial", the letter or notice will contain a brief explanation of the reason for denial of your application for assistance or termination of program participation. You have fifteen calendar days from the date of the letter or notice to request an informal review (applicant family) or informal hearing (assisted household) if you disagree with the letter or notice. Requests must be made in writing and addressed to your PHA. Your request must state why you are requesting the informal review or informal hearing.

At the hearing, you will be given an opportunity to present written or oral objections. The hearing officer will notify you of the final decision in writing and provide a brief explanation for the decision. The PHA is not bound by the decision of the hearing officer if the decision exceeds the authority of the hearing officer or if it is contrary to HUD regulation or federal, state, and/or local laws.

For certain types of decisions, the PHA is not required to provide an opportunity for an informal review or informal hearing.

HoH Initials: _____

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Certification by Head of Household

I, _____, certify that I have been briefed by the PHA designated agency staff (LSA representative) in person about how the program works. The briefing includes information about my obligations under the program, my right not to be discriminated against, and my right to an informal review or informal hearing. I certify that I fully understand my rights and obligations for the HCV program. I certify that I fully understand this document and that all of my questions concerning this document have been fully explained to my satisfaction prior to signing.

_____ _____

Signature of Head of Household **Date (month, day, year)**

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VAWA FORMS ARE FOR INFORMATIONAL PURPOSES - ONLY COMPLETE if needed

NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

Notice of Occupancy Rights under the Violence Against Women Act[2]

To all Tenants and Applicants

The Violence Against Women Act (VAWA)provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWAprotections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Mainstream is in compliance with VAWA.This notice explains your rights under VAWA.A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants

If you otherwise qualify for assistance under Mainstream, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under Mainstream, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under Mainstream solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

NICA may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If NICA chooses to remove the abuser or perpetrator, NICA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, NICA must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, NICA must follow Federal, State, and local eviction procedures. In order to divide a lease, NICA may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, NICA may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, NICA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

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[1] The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

[2] Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

[3] Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

NICA will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

NICA's emergency transfer plan provides further information on emergency transfers, and NICA must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

NICA can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from NICA must be in writing, and NICA must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. NICA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to NICA as documentation. It is your choice which of the following to submit if NICA asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by NICA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that NICA has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, NICA does not have to provide you with the protections contained in this notice.

If NICA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), NICA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, NICA does not have to provide you with the protections contained in this notice.

Confidentiality

NICA must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

NICA must not allow any individual administering assistance or other services on behalf of NICA (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

NICA must not enter your information into any shared database or disclose your information to any other entity or individual. NICA, however, may disclose the information provided if:

- You give written permission to NICA to release the information on a time limited basis.
- NICA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires NICA or your landlord to release the information.

VAWA does not limit NICA's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated
You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, NICA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.
The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if NICA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:
1) Would occur within an immediate time frame, and
2) Could result in death or serious bodily harm to other tenants or those who work on the property.
If NICA can demonstrate the above, NICA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws
VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice
You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with or .

For Additional Information
You may view a copy of HUD's final VAWA rule athttps://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf
Additionally, NICA must make a copy of HUD's VAWA regulations available to you if you ask to see them.
For questions regarding VAWA, please contact Kelly Diernfeld, Housing Services Supervisor at (219) 794-1829 ext 2415.
For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact .
For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at https://www.victimsofcrime.org/our-programs/stalking-resource-center.
For help regarding sexual assault, you may contact .
Victims of stalking seeking help may contact .

Attachment: Certification form HUD-5382

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWAprotection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

(1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.

(2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or

(3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWAprotections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. **Date the written request is received by victim:** _____

2. **Name of victim:** _____

3. **Your name (if different from victim's):** _____

4. **Name(s) of other family member(s) listed on the lease:** _____

_____

5. **Residence of victim:** _____

6. **Name of the accused perpetrator (if known and can be safely disclosed):** _____

_____

7. **Relationship of the accused perpetrator to the victim:** _____

8. **Date(s) and times(s) of incident(s) (if known):** _____

_____

10. **Location of incident(s):** _____

In your own words, briefly describe the incident(s):
_____
_____
_____
_____

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA.This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

EMERGENCY TRANSFER REQUEST FOR CERTAIN VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

The requirements you must meet are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.

(2) You expressly request the emergency transfer. Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. Such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: _____

2. Your name (if different from victim's) _____

3. Name(s) of other family member(s) listed on the lease: _____

_____

4. Name(s) of other family member(s) who would transfer with the victim: _____

_____

5. Address of location from which the victim seeks to transfer: _____

6. Address or phone number for contacting the victim: _____

7. Name of the accused perpetrator (if known and can be safely disclosed): _____

8. Relationship of the accused perpetrator to the victim: _____

9. Date(s), Time(s) and location(s) of incident(s): _____

_____

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. _____

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

_____

_____

12. If voluntarily provided, list any third-party documentation you are providing along with this notice:

_____

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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

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

CoAc
CoAction
5240 Fountain Drive
Crown Point, IN 46307

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 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

Document ID: 13233994359

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.