ALEUTIAN HOUSING AUTHORITY

520 E. 32nd Avenue
Anchorage, AK 99503
Phone: (907) 563-2146
Toll Free: 1-800-478-5614
Fax: (907) 563-3105

Family Composition and Income Update

Complete all information, or indicate N/A if it doesn't apply. Failure to provide information may cause your recertification to be delayed or denied. Note: It is your responsibility to update AHA when any changes occur within the family household and or income.

Name: _____ Address: _____

Home Telephone: _____ City: _____ State: _____ Zip: _____

Work Telephone: _____ Email: _____

I. FAMILY COMPOSITION: if you need additional space, please list on a blank page

	FULL Name of Family Member(s) *Please include maiden name, if applicable	Relation to Family Head	Date of Birth	Age	Sex	Social Security Number
1		**self**				
2						
3						
4						
5						
6						

II. TOTAL INCOME (LIST INCOME FOR ALL INDIVIDUALS RESIDING IN THE UNIT)

Family Member Name	**Source of Income/ Employer Name** unemployment, social security, public assistance, pensions, etc.	**Address** of Employer/Source of Income	Rate		Hours Per Week	Weeks Per Year
			$____/hr	____hrs	____hrs	
			$____/hr	____hrs	____hrs	
			$____/hr	____hrs	____hrs	
			$____/hr	____hrs	____hrs	
			$____/hr	____hrs	____hrs	

Periodic or Sporadic Income; Please check those that apply, fill in amounts and which family member it applies to.

☐ Bonuses: Amount $ _____ Name _____
☐ Fishing Amount $ _____ Name _____ Permit Holder☐ No☐Yes Crew Member☐No☐ Yes
☐ Regional Corporation Dividend $ _____ Shares owned _____ Name _____
☐ Local Corporation Dividend $ _____ Shares owned _____ Name _____
☐ Alaska Permanent Fund Dividend. How many PFD's for all family member(s)_____
☐ Other Amount $ _____ Name _____ Source: _____

III. ASSETS: checking & savings account(s) with branch & address, stocks, bonds, IRA's, land, property, house(s), boats, etc.

Full Description	Estimated Value
1	$
2	$
3	$
4	$

Do you pay the following?

Childcare Expenses: ☐ Yes ☐ No Amount$ _____to _____per _____(hour, week, month)

Medical Expenses***:☐ Yes ☐ No Amount$ _____to _____per _____(hour, week, month)
***Households have to qualify for this expense

Travel Expenses** : ☐ Yes ☐ No Amount$ _____to _____per _____(hour, week, month)
**This expense of gas and/or taxi cab expenses to go "to" and "from" WORK ONLY

Note: If you answered "yes" to any of the questions above, please provide verification of expenses, i.e. copies of receipts, name and address of payee.

ADDITIONAL COMMENTS If any of your living situation:

_____

_____

_____

_____

_____

_____

I/We certify that the information given to the Aleutian Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature is required by all members of the Family over the age 18.

_____ _____
Head of Household Date

_____ _____
Signature of Spouse or Co-Head(If applicable) Date

_____ _____
Other Family Members Date

APPLICANT(S) CERTIFICATION FORM

I hereby swear and attest that all of the information provided on this application is true and correct. I understand that this is not a contract and does not bind either party. However, if any information is found to be false or misleading, I understand that I will be disqualified from the program, or other actions may be taken against me. I also understand that this program is FEDERALLY funded through Aleutian Housing Authority (AHA).

Give True and Complete Information
I certify that all the information provided on household composition, income family, assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form "Things You Should Know" and certify that the information on my application form is true and correct. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination from the program.

Reporting on Prior Housing Assistance
I certify that I have disclosed where I received any prior Federal housing assistance and whether or not any money is owed. I certify that I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease in any previous Federal assistance agreement.

Owner-Occupancy Property
I certify that the house will be my principal residence.

Cooperation
I know that I am required to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to do so may result in delays or termination of my eligibility determination.

Documentation
I understand that AHA will determine eligibility only when my application is complete. I understand that funds will be expended on a "first come, first served" basis, and I agree to provide AHA all requested documentation and information within thirty (30) days of being requested to do so or AHA may not be able to process my application.

Signature and Date for All Household Adults:

_____Date_____

_____Date_____

_____Date_____

Please make sure application is complete/signed and all required document are attached. An Incomplete application can be cause for delay and or/denied.

Authorization for the Release of Information/ Privacy Act Notice

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

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

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

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

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

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

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

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

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

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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

This consent form expires 15 months after signed.

Signatures:

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

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.