

Information Update

KARUK TRIBE HOUSING AUTHORITY

Name of Applicant: _____

Mailing Address: _____

Street Address _____

Phone Number: _____
(Home)

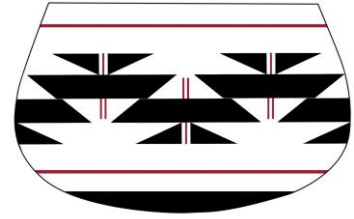
Phone Number: _____
(Work)

Landlord Name: _____

Landlord Address: _____

Phone Number: _____

Fax Number: _____



PLEASE PRINT NAMES OF ALL PERSONS LIVING IN HOUSEHOLD

NAME	DOB	SEX	RELATION	TRIBAL #	SS #

INCOME INFORMATION (Attach Copies/Verification)

Total household income: List all money earned or received by everyone in your household including; wages, self-employment, AFDC/TANF, Child Support, Social Security, Disability, Workman's Comp, Retirement/Veterans Benefits, Interest & Dividends, alimony, etc.

NAME	SOURCE OF INCOME	MONTHLY AMOUNT
		\$
		\$
		\$
		\$

I declare that all of the information above is true and correct. I further understand that **all changes** in income or household composition must be reported to KTHA **immediately**.

Signature of Head of Household

Date

Complete this section for all household member(s) over 18 years of age:

Background Information		
1	List any other names used (including Maiden Names):	
2	Has any household member lived in Low-Income housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list address/dates:
3	Has any household member been evicted from a residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
4	Has any household member been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
5	Does any household member have any outstanding debts owed to the KTHA, Karuk Tribe or any of its tribal programs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Failure to provide requested information may result in delay or denial of application		

Please list at least 3 previous landlord names, addresses and phone numbers for the past 10 years for each household member over 18 years of age:	
Landlord Name	Address & Phone Number

Please check the KTHA program(s) that you are applying for:

<input type="checkbox"/>	Tax Credit Homes (Separate/Additional Application Will Be Required).
<input type="checkbox"/>	Low-Income Rental Homes
<input type="checkbox"/>	Emergency (Temporary) Rental Homes
<input type="checkbox"/>	Voucher Program: <input type="checkbox"/> Elder <input type="checkbox"/> Temporary <input type="checkbox"/> Foster Care
<input type="checkbox"/>	Elder Rental Homes (Contact KTHA for Preference Point Criteria)
<input type="checkbox"/>	Down Payment Assistance Grant
<input type="checkbox"/>	Mortgage Relief/Conventional Loan Buydown Grant
<input type="checkbox"/>	Rehabilitation & Weatherization or Home Improvement Grant/Loan
<input type="checkbox"/>	Home Replacement Grant
Area of Preference: <input type="checkbox"/> Yreka <input type="checkbox"/> Happy Camp <input type="checkbox"/> Orleans	

The undersigned specifically acknowledges and agrees that all information on this update form is true and accurate. **I/We understand that all household composition and/or income changes must be reported to the Karuk Tribe Housing Authority immediately.** I/We understand that any intentional or negligent misrepresentation of the information contained on this application may result in civil liability, prosecution and/or ineligible for assistance. The Karuk Tribe Housing Authority may verify any information contained in this application; Sources listed, credit reporting agencies, background checks, criminal investigations or any other form of written or electronic media.

Signature - Head of Household

Date

Signature - Spouse

Date

Signature - Other Member of Household over 18

Date

Authorization for the Release of Information/ Privacy Act Notice

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

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing
OMB Control Number 2577-0295
Expiration Date 1/31/2025

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)

KARUK TRIBE HOUSING AUTHORITY
P.O. BOX 1159
HAPPY CAMP, CA 96039
(530) 493-1414

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.

KARUK TRIBE HOUSING AUTHORITY

P.O. Box 1159 • 635 Jacobs Way
Happy Camp, CA 96039
Ph: (530) 493-1414 • Fax: (530) 493-1415



1836 Apsuun Street
Yreka, CA 96097
Ph: (530) 842-1644 • Fax: (530) 842-1646

INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

I/We hereby authorize you to release, from any Credit Reporting Agency, Lender, Banking establishment, Employer, Public Agency, or others, as needed, for verification purposes, any information concerning:

- Employment History, dates, title, income, hours worked, etc.
- State Wage Information for unemployment compensation
- Social Security Administration for wage, self-employment or SSI information
- Bank and Savings account records.
- Mortgage Loan Ratings (opening date, high credit, payment amount, loan balance, payment record and maturity date).
- Criminal background investigation.

- Any information deemed necessary in connection with a consumer credit report for loan purposes and housing evaluations.

This information is for the **Karuk Tribe Housing Authority's** confidential use in compiling a credit and housing evaluation.

A photographic or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Thank you. Your prompt reply will help my Housing Application.

Date

Signature

Social Security Number

Signature

Social Security Number