

# HUNTINGTON Housing Authority

1A Lowndes Avenue Huntington Station, N.Y. 11746 (631) 427-6220 - Fax (631) 427-6288

## **DOCUMENTS REQUIRED FOR YOUR RECERTIFICATION PACKET**

If any member of your household receives any of the following types of income listed below, please provide the following: Mailing name, address and telephone number of the source of income and documentation about current amounts received. (For example, Award Letters, copies of paystubs).

- I. INFORMATION ABOUT YOUR HOUSEHOLD INCOME AND ASSETS:
  - A) **EMPLOYMENT INCOME – FOR EVERY MEMBER OF YOUR HOUSEHOLD THAT IS WORKING, PLEASE PROVIDE THE FOLLOWING:**
    1. Paystubs – Current & consecutive (Four if paid weekly or two if paid bi-weekly/semi-monthly).
    2. Latest W-2 Forms
    3. Copy of your most recent Tax Return
    4. Other types of expected income such as tips, overtime, commissions, profit sharing programs, etc.
  - B) **BENEFIT & SUPPORT INCOME: PROOF MUST BE CURRENT!**
    1. Unemployment Benefits – **WEEKLY PRINTOUT**
    2. **CURRENT** Social Security Award Letter – NO MORE THAN 30 DAYS
    3. Supplemental Social Security Award Letter – NO MORE THAN 30 DAYS
    4. Child Support - **WEEKLY OR MONTHLY PRINTOUT**
    5. Public Assistance and/or Food Stamps – **CURRENT BUDGET PRINTOUT**
    6. Pension, Annuities, Disability Income, Workmen’s Compensation, Alimony, etc.
    7. Regular Support from family members and/or friends.
  - C) **BANK STATEMENTS** – Three consecutive bank statements for all accounts for all family members over 18 (i.e., Checking, savings, CDs, etc.)
  - D) **STOCKS/BONDS** – Current statement indicating VALUE of stock, and dividend amount.
  - E) **LIFE INSURANCE** – Cash surrender value only (please attach table of cash value).

(CONTINUED ON NEXT PAGE).

II. **FULL TIME COLLEGE STUDENT STATUS** – Please provide a LETTER from the school’s REGISTRAR OFFICE indicating current F/T student status (DO NOT provide an acceptance letter, bill or schedule).

III. **MEDICAL EXPENSES** – If you or your spouse are 62 years of age; or disabled; or handicapped and you have medical expenses that exceed your insurance coverage, please provide documentation that the medical bills have been paid including the actual bill and copies of cancelled checks, receipts, etc.

If you have outstanding medical bills and you have entered into repayment agreement with your doctor or hospital, please provide the name and address of the doctor or hospital in order that we can verify a repayment agreement and send a copy of the agreement with proof of payment each month (i.e. canceled checks).

Note: Medical expenses only apply if head of household or spouse is 62 years of age or older or disabled or handicapped. Documentation of medical must be provided. Examples of medical expenses are:

-Medical coverage (If you receive Medicare, provide previous years).

# TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

## PERSONAL DECLARATION

**THIS FORM MUST BE COMPLETED IN INK IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT CLEARLY.**

I. HOUSEHOLD COMPOSITION: LIST ALL PERSONS WHO ARE LIVING IN YOUR HOME, LISTING THE HEAD OF HOUSEHOLD FIRST.

| ADULTS<br>(LEGAL NAME) | DATE OF BIRTH | RELATIONSHIP TO HOH | SOCIAL SECURITY # | INDICATE:<br>(M) MARRIED<br>(S) SEPARATED<br>(D) DIVORCED | HOUSEHOLD MEMBER IN COLLEGE?<br>YES/NO |
|------------------------|---------------|---------------------|-------------------|---|--|
| 1.                     |               |                     |                   |   |  |
| 2.                     |               |                     |                   |   |  |
| 3.                     |               |                     |                   |   |  |
| 4.                     |               |                     |                   |   |  |
| 5.                     |               |                     |                   |   |  |

| CHILDREN<br>(NAME AS IT APPEARS ON SS CARD) | DATE OF BIRTH | RELATIONSHIP TO HOH | SCHOOL NAME | ABSENT PARENT'S NAME | ABSENT PARENT'S ADDRESS |
|---|---------------|---------------------|-------------|----------------------|-------------------------|
| 1.  |               |                     |             |                      |                         |
| 2.  |               |                     |             |                      |                         |
| 3.  |               |                     |             |                      |                         |
| 4.  |               |                     |             |                      |                         |
| 5.  |               |                     |             |                      |                         |
| 6.  |               |                     |             |                      |                         |
| 7.  |               |                     |             |                      |                         |
| 8.  |               |                     |             |                      |                         |

### PRESENT ADDRESS

### EMERGENCY CONTACT

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
PHONE #



II. TOTAL HOUSEHOLD INCOME: LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD THAT INCLUDES MONEY FROM WAGES, SELF-EMPLOYMENT, CHILD SUPPORT, CONTRIBUTIONS, SOCIAL SECURITY, DISABILITY PAYMENT, WORKERS COMPENSATION, RETIREMENT BENEFITS, TANF, VETERAN'S BENEFITS, RENTAL PROPERTY INCOME, STOCK DIVIDENDS FROM BANK ACCOUNTS, ALIMONY AND ALL OTHER SOURCES.

**LIST AMOUNTS RECEIVED BELOW:**

| HOUSEHOLD MEMBER | EMPLOYER | TOTAL WEEKLY WAGES | TANF BENEFITS | CHILD SUPPORT MONTHLY | SOCIAL SECURITY BENEFITS | UNEMPLOYMENT BENEFITS | ALL OTHER INCOME |
|------------------|----------|--------------------|---------------|-----------------------|--------------------------|-----------------------|------------------|
| 1.               |          |                    |               |                       |                          |                       |                  |
| 2.               |          |                    |               |                       |                          |                       |                  |
| 3.               |          |                    |               |                       |                          |                       |                  |
| 4.               |          |                    |               |                       |                          |                       |                  |
| 5.               |          |                    |               |                       |                          |                       |                  |

III. ASSETS: IF YES TO ANY, LIST BELOW.

1. DO YOU OR ANY HOUSEHOLD MEMBERS OWN OR HAVE AN INTEREST IN ANY REAL ESTATE, HOMES AND/OR MOBILE HOME? **YES/NO**

2. HAVE YOU SOLD ANY REAL ESTATE IN THE LAST TWO YEARS? **YES/NO**

3. DO YOU OWN ANY SAVINGS ACCOUNT? **YES/ NO**  
IF YES, LIST BANK ACCOUNT NUMBERS AND AMOUNTS. \_\_\_\_\_

3. DO YOU OWN A CAR? **YES /NO** MODEL/YEAR \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

4. DOES ANYONE OUTSIDE OF YOUR HOUSEHOLD PAY FOR ANY OF YOUR BILLS OR GIVE YOU MONEY? **YES/NO**  
IF YES, EXPLAIN: \_\_\_\_\_

5. HAVE YOU OR ANY OTHER ADULT MEMBERS EVER USED ANY NAME(S) OR SOCIAL SECURITY NUMBER(S) OTHER THAN THE ONE YOU ARE CURRENTLY USING? **YES/NO**  
IF YES, EXPLAIN: \_\_\_\_\_

6. HAVE YOU OR ANY OTHER MEMBERS LIVED IN ANY ASSISTED HOUSING? **YES/NO**  
IF YES, EXPLAIN: \_\_\_\_\_

7. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN ARRESTED, CHARGED, AND/OR CONVICTED OF ANY CRIME OTHER THAN A TRAFFIC VIOLATION? **YES/NO**  
IF YES, LIST WHERE AND WHEN: \_\_\_\_\_

8. HAVE YOU EVER COMMITTED ANY FRAUD IN A FEDERALLY ASSISTED HOUSING PROGRAM OR BEEN REQUESTED TO REPAY MONEY FOR KNOWINGLY MISREPRESENTING INFORMATION FOR SUCH HOUSING PROGRAMS? **YES/NO**  
IF YES, EXPLAIN: \_\_\_\_\_

I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THE HUNTINGTON HOUSING AUTHORITY IN WRITING IMMEDIATELY.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CO-HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
DATE

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



# TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

Dear Tenant:

IN ACCORDANCE WITH FEDERAL LAW, THIS OFFICE MAY TERMINATE RENTAL ASSISTANCE TOTENANT/FAMILY FOR THE FOLLOWING REASONS:

- IF THE FAMILY VIOLATES ANY FAMILY OBLIGATIONS UNDER THE PROGRAM.
- IF THE FMAILY FAILS TO NOTIFY SECTION 8 IN WRITING OF ALL INCOME AND FAMILYCOMPOSITION CHANGES IMMEDIATELY.
- IF ANY MEMBER OF THE FAMILY HAS BEEN EVICTED FROM PUBLIC HOUSING.
- IF A HOUSING AUTHORITY HAS EVER TERMINATED ASSISTANCE UNDER THE HOUSING CHOICEVOUCHER PROGRAM FOR ANY MEMBER OF THE FAMILY.
- IF ANY MEMBER OF THE FAMILY COMMITS DRUG-RELATED CRIMINAL ACTIVITY, OR VIOLENTCRIMINAL ACTIVITY.
- IF ANY MEMBER OF THE FAMILY COMMITS FRAUD, BRIBERY OR ANY OTHER CORRUPT OFCRIMINAL ACT IN CONNECTION WITH FEDERAL HOUSING PROGRAM.
- IF ANY FAMILY CURRENTLY OWES RENT OR OTHER AMOUNTS TO HUNTINGTON HOUSING AUTHORITY OR TO ANOTHER HOUSING AUTHORITY IN CONNECTION WITH THE SECTION 8 ORPUBLIC HOUSING AUTHORITY UNDER THE UNITED STATES HOUSING ACT OF 1937.
- IF THE FAMILY HAS NOT REIMBURSED ANY HOUSING AUTHORITY FOR AMOUNTS PAID TO ANOWNER UNDER A HAP CONTRACT FOR RENT, DAMAGES TO THE UNIT, OR OTHER AMOUNTS OWED BY THE FAMILY UNDER THE LEASE.
- IF THE FAMILY BREACHES AN AGREEMENT WITH HHA TO PAY AMOUNTS OWED TO HHA OR AMOUNTS PAID TO AN OWNER BY HHA (HHA AT ITS DISCRETION MAY OFFER A FAMILY THE OPPORTUNITY TO ENTER AN AGREEMENT TO PAY AMOUNTS OWED TO HHA OR AMOUNTS PAIDTO AN OWNER BY HHA.) HHA MAY PRESCRIBE THE TERMS OF THE AGREEMENT.
- IF THE FAMILY HAS ENGAGED IN THREATENING, ABUSIVE, OR VIOLENT BEHAVIOR TOWARDSTHE HHA PERSONNEL.

IF YOUR ASSISTANCE IS TERMINATED FOR ONE OF THE ABOVE REASONS, BOTH YOU AND THE OWNER WILL BE PROVIDED WITH A 30 DAY WRITTEN NOTICE OF TERMINATION WHICH STATES:

- THE REASONS FOR THE TERMINATION.
- THE EFFECTIVE DATE OF THE TERMINATION.
- THE FAMILY’S RIGHT TO REQUEST AN INFORMAL HEARING.

**ANYONE 18 OR OLDER MUST SIGN BELOW.**

I HAVE READ THE ABOVE AND UNDERSTAND WHAT I HAVE READ.

\_\_\_\_\_  
HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE/CO-HEAD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER ADULT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER ADULT

\_\_\_\_\_  
DATE



# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

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.

Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

## TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

REQUEST DATE : \_\_\_\_\_

NAME: \_\_\_\_\_  
                    LAST                                      FIRST                                      MIDDLE

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

**I HEREBY AUTHORIZE HUNTINGTON HOUSING AUTHORITY TO OBTAIN INFORMATION IT DEEMS DESIRABLE IN THE PROCESSING OF MY APPLICATION, INCLUDING CREDIT REPORT, CIVIL OR CRIMINAL ACTION, RENTAL HISTORY OF EMPLOYMENT/SALARY DETAIL, AND ANY OTHER RELEVANT INFORMATION; AND RELEASE HUNTINGTON HOUSING AUTHORITY ITS' EMPLOYEES AND AGENT FROM ALL LIABILITIES AND DAMAGE, WHATEVER INCURRED IN FURNISHING OR OBTAIN SUCH INFORMATION.**

|                          |             |
|--------------------------|-------------|
| _____                    | _____       |
| <b>HEAD OF HOUSEHOLD</b> | <b>DATE</b> |
| _____                    | _____       |
| <b>SPOUSE/CO-HEAD</b>    | <b>DATE</b> |
| _____                    | _____       |
| <b>OTHER ADULT</b>       | <b>DATE</b> |
| _____                    | _____       |
| <b>OTHER ADULT</b>       | <b>DATE</b> |

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority immediately.





Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

## TOWN OF HUNTINGTON HOUSING AUTHORITY

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REQUEST DATE : \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

I HEREBY AUTHORIZE HUNTINGTON HOUSING AUTHORITY TO OBTAIN INFORMATION IT DEEMS DESIRABLE IN THE PROCESSING OF MY APPLICATION, INCLUDING CREDIT REPORT, CIVIL OR CRIMINAL ACTION, RENTAL HISTORY OF EMPLOYMENT/SALARY DETAIL, AND ANY OTHER RELEVANT INFORMATION; AND RELEASE HUNTINGTON HOUSING AUTHORITY ITS' EMPLOYEES AND AGENT FROM ALL LIABILITIES AND DAMAGE, WHATEVER INCURRED IN FURNISHING OR OBTAIN SUCH INFORMATION.

|                   |       |
|-------------------|-------|
| _____             | _____ |
| HEAD OF HOUSEHOLD | DATE  |
| _____             | _____ |
| SPOUSE/CO-HEAD    | DATE  |
| _____             | _____ |
| OTHER ADULT       | DATE  |
| _____             | _____ |
| OTHER ADULT       | DATE  |

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority immediately.



**TOWN OF HUNTINGTON HOUSING AUTHORITY**  
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**APPLICANT/TENANT CERTIFICATION**

APPLICANT(S)/TENANT(S) STATEMENT

I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE TOWN OF HUNTINGTON HOUSING AUTHORITY AGENCY ON HOUSEHOLD COMPOSITION, INCOME THAT NET FAMILY ASSETS AND ALLOWANCES AND DEDUCTIONS IS ACCURATE AND COMPLETED THE BEST OF MY KNOWLEDGE AND BELIEF.

I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL AND/OR STATE LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
DATE

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOTLINE AT 800-424-8590. (WITHIN THE WASHINGTON D.C.- METROPOLITAN AREA, CALL 426-3500.)

\*AFTER VERIFICATION BY THIS HOUSING AGENCY, INFORMATION WILL BE SUBMITTED TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ON FORM HUD-50058 (TENANT DATA SUMMARY), A COMPUTER-GENERATED FACSIMILE OF THE FORM OR ON MAGNETIC TAPE. SEE THE FEDERAL, PRIVACY ACT STATEMENT FOR MORE INFORMATION ABOUT ITS USE.



Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

# TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • PHONE 631-427-6220 • FAX 631-427-6288

## EMPLOYMENT VERIFICATION FORM

DATE: \_\_\_\_\_

APPLICANT/TENANT (PRINT NAME): \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

**I HEREBY AUTHORIZE MY EMPLOYER TO RELEASE ALL OF MY INCOME INFORMATION TO THE TOWN OF HUNTINGTON HOUSING AUTHORITY.**

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SIGNATURE OF APPLICANT/TENANT: \_\_\_\_\_

## FOR EMPLOYER'S USE ONLY

PLEASE COMPLETE THE FOLLOWING FORM AND RETURN YOUR REPLY TO THE ADDRESS STATED ABOVE. ALL INFORMATION WILL BE IN CONFIDENCE. YOUR IMMEDIATE ATTENTION IS GREATLY APPRECIATED.  
-THE TOWN OF HUNTINGTON HOUSING AUTHORITY

TITLE OF POSITION HELD: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_ PRESENT STATUS: \_\_\_\_\_

EMPLOYMENT END DATE: \_\_\_\_\_ LEAVE W/PAY?: YES / NO

WAGES PAID (CIRCLE ONE): WEEKLY, BI-WEEKLY, SEMI-MONTHLY OR MONTHLY.

HOURLY RATE: \_\_\_\_\_

IF HOURLY, INDICATE NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

GROSS RATE OF PAY: \$ \_\_\_\_\_

AMOUNT PAID GROSS YEAR TO DATE: \$ \_\_\_\_\_ AS OF: \_\_\_\_\_

SALARIED EMPLOYEE: \_\_\_\_\_

**DOES THE EMPLOYEE RECEIVE THE FOLLOWING?:**

\_\_\_\_ NIGHT DIFFERENTIAL \_\_\_\_\_ PERIODS OF VACATION WITH PAY  
\_\_\_\_ COMMISSION \_\_\_\_\_ TIPS \_\_\_\_\_ BONUS \_\_\_\_\_ OVER-TIME \_\_\_\_\_ OTHER

**IF YOU CHECKED ANY OF THE ABOVE, PLEASE SPECIFY:** \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF AUTHORIZED PERSON \_\_\_\_\_

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority immediately.



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## EMPLOYMENT VERIFICATION FORM

DATE: \_\_\_\_\_

APPLICANT/TENANT (PRINT NAME): \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

**I HEREBY AUTHORIZE MY EMPLOYER TO RELEASE ALL OF MY INCOME INFORMATION TO THE TOWN OF HUNTINGTON HOUSING AUTHORITY.**

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SIGNATURE OF APPLICANT/TENANT: \_\_\_\_\_

## FOR EMPLOYER'S USE ONLY

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-THE TOWN OF HUNTINGTON HOUSING AUTHORITY

TITLE OF POSITION HELD: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_ PRESENT STATUS: \_\_\_\_\_

EMPLOYMENT END DATE: \_\_\_\_\_ LEAVE W/PAY?: YES / NO

WAGES PAID (CIRCLE ONE): WEEKLY, BI-WEEKLY, SEMI-MONTHLY OR MONTHLY.

HOURLY RATE: \_\_\_\_\_

IF HOURLY, INDICATE NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

GROSS RATE OF PAY: \$ \_\_\_\_\_

AMOUNT PAID GROSS YEAR TO DATE: \$ \_\_\_\_\_ AS OF: \_\_\_\_\_

SALARIED EMPLOYEE: \_\_\_\_\_

**DOES THE EMPLOYEE RECEIVE THE FOLLOWING?:**

\_\_\_\_ NIGHT DIFFERENTIAL \_\_\_\_\_ PERIODS OF VACATION WITH PAY  
\_\_\_\_ COMMISSION \_\_\_\_\_ TIPS \_\_\_\_\_ BONUS \_\_\_\_\_ OVER-TIME \_\_\_\_\_ OTHER

**IF YOU CHECKED ANY OF THE ABOVE, PLEASE SPECIFY:** \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF AUTHORIZED PERSON \_\_\_\_\_

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority immediately.



Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10

## TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

### STATEMENT OF SELF EMPLOYMENT EARNINGS

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I \_\_\_\_\_ AM SELF EMPLOYED AS A \_\_\_\_\_ AND  
I ESTIMATE THAT MY GROSS INCOME FOR THE NEXT 12 MONTHS  
WILL BE \$ \_\_\_\_\_.

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT AND I  
UNDERSTAND THAT ACCORDING TO FEDERAL LAW IT IS A  
CRIMINAL OFFENSE TO MAKE ANY FALSE STATEMENTS TO THE  
INTERNAL REVENUE SERVICE REGARDING MATTERS WITHIN THEIR  
JURISDICTION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

SIGNED, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

IN THE PRESENCE OF \_\_\_\_\_ (NOTARY'S SIGNATURE)



## TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • PHONE 631-427-6220 • FAX 631-427-6288

### TO BE COMPLETED BY AN ADULT (18 OR OLDER) WHO CURRENTLY HAS NO INCOME

HEAD OF HOUSEHOLD: \_\_\_\_\_ DATE: \_\_\_\_\_  
HOUSEHOLD NAME: \_\_\_\_\_

**1. I HEREBY CERTIFY THAT I DO NOT INDIVIDUALLY RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:**

- WAGES FROM EMPLOYMENT (INCLUDING COMMISSIONS, TIPS, BONUSES, FEES, ETC.)
- INCOME FROM OPERATION OF A BUSINESS
- RENTAL INCOME FROM REAL OR PERSONAL PROPERTY
- INTEREST OR DIVIDENDS FROM ASSETS
- SOCIAL SECURITY PAYMENTS, ANNUITIES, INSURANCE POLICIES, RETIREMENT FUNDS, DEATH BENEFITS
- UNEMPLOYMENT OR DISABILITY PAYMENTS
- PUBLIC ASSISTANCE PAYMENTS
- PERIODIC ALLOWANCES SUCH AS ALIMONY, CHILD SUPPORT, OR GIFTS RECEIVED FROM PERSONS NOT LIVING IN MY HOUSEHOLD
- SALES FROM SELF-EMPLOYMENT RESOURCES (AVON, MARY KAY, ETC.)
- ANY OTHER SOURCES NOT NAMED ABOVE

**2. I CURRENTLY HAVE NO INCOME OF ANY KIND AND THERE IS NO IMMINENT CHANGE EXPECTED IN MY FINANCIAL STATUS OR EMPLOYMENT STATUS DURING THE NEXT 12 MONTHS.**

**3. I WILL BE USING THE FOLLOWING SOURCES OF FUNDS TO PAY FOR RENT AND OTHER NECESSITIES: \_\_\_\_\_**

**UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED IN THIS CERTIFICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION MAY RESULT IN THE TERMINATION OF A LEASE AGREEMENT.**

---

**4. NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_**

**5. SIGNATURE OF APPLICANT \_\_\_\_\_**

**6. SIGNATURE OF NOTARY: \_\_\_\_\_**

**7. STATE COMMISSIONS ISSUED: \_\_\_\_\_**

**8. COMMISSION EXPIRATION DATE: \_\_\_\_\_**



## TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • PHONE 631-427-6220 • FAX 631-427-6288

### TO BE COMPLETED BY AN ADULT (18 OR OLDER) WHO CURRENTLY HAS NO INCOME

HEAD OF HOUSEHOLD: \_\_\_\_\_ DATE: \_\_\_\_\_  
HOUSEHOLD NAME: \_\_\_\_\_

**1. I HEREBY CERTIFY THAT I DO NOT INDIVIDUALLY RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:**

- WAGES FROM EMPLOYMENT (INCLUDING COMMISSIONS, TIPS, BONUSES, FEES, ETC.)
- INCOME FROM OPERATION OF A BUSINESS
- RENTAL INCOME FROM REAL OR PERSONAL PROPERTY
- INTEREST OR DIVIDENDS FROM ASSETS
- SOCIAL SECURITY PAYMENTS, ANNUITIES, INSURANCE POLICIES, RETIREMENT FUNDS, DEATH BENEFITS
- UNEMPLOYMENT OR DISABILITY PAYMENTS
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- PERIODIC ALLOWANCES SUCH AS ALIMONY, CHILD SUPPORT, OR GIFTS RECEIVED FROM PERSONS NOT LIVING IN MY HOUSEHOLD
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- ANY OTHER SOURCES NOT NAMED ABOVE

**2. I CURRENTLY HAVE NO INCOME OF ANY KIND AND THERE IS NO IMMINENT CHANGE EXPECTED IN MY FINANCIAL STATUS OR EMPLOYMENT STATUS DURING THE NEXT 12 MONTHS.**

**3. I WILL BE USING THE FOLLOWING SOURCES OF FUNDS TO PAY FOR RENT AND OTHER NECESSITIES: \_\_\_\_\_**

**UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED IN THIS CERTIFICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION MAY RESULT IN THE TERMINATION OF A LEASE AGREEMENT.**

---

**4. NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_**

**5. SIGNATURE OF APPLICANT \_\_\_\_\_**

**6. SIGNATURE OF NOTARY: \_\_\_\_\_**

**7. STATE COMMISSIONS ISSUED: \_\_\_\_\_**

**8. COMMISSION EXPIRATION DATE: \_\_\_\_\_**



Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

## TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • PHONE 631-427-6220 • FAX 631-427-6288

### PUBLIC ASSISTANCE INCOME VERIFICATION

HEAD OF HOUSEHOLD \_\_\_\_\_ DATE: \_ SOCIAL

SECURITY #: \_\_\_\_\_

PA CASE#: \_\_\_\_\_ FS CASE#: \_\_\_\_\_

#### ALL HOUSEHOLD MEMBERS ON CASE:

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

**THE ABOVE NAMED HEAD OF HOUSEHOLD HAS APPLIED FOR, OR IS ALREADY PARTICIPATING IN THE FOLLOWING HOUSING PROGRAM.**

( ) PUBLIC HOUSING                      ( ) HOUSING CHOICE VOUCHER

**PLEASE PROVIDE THIS AGENCY WITH A COPY OF THE CURRENT BUDGET FOR THIS HOUSEHOLD AND FOR ANY OTHER HOUSEHOLD MEMBER AT THIS ADDRESS.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TENANT

\_\_\_\_\_  
HOUSING AGENCY REPRESENTATIVE/PHONE #

\_\_\_\_\_  
DATE

Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women's Act, or if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority immediately.





# TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • PHONE 631-427-6220 • FAX 631-427-6288

## CHILD SUPPORT VERIFICATION FORM

TO WHOM IT MAY CONCERN,

THE AGENCY/EMPLOYER OR PERSON PROVIDING INCOME MUST VERIFY THE INCOMES OF EACH ADULT TENANT APPLICANT. PARTICIPATION IN THE PROGRAM IS LIMITED TO INCOME ELIGIBLE FAMILIES AND RENT IS BASED ON A PERCENTAGE OF GROSS INCOME. PLEASE PROVIDE THE REQUESTED INFORMATION AS SOON AS POSSIBLE. BELOW IS A SIGNED AUTHORIZATION FOR RELEASE OF THIS INFORMATION TO THE HOUSING AUTHORITY. THANK YOU FOR YOUR COOPERATION.

SINCERELY,  
THE HHA.

I HEREBY RELEASE TO THE TOWN OF HUNTINGTON HOUSING AUTHORITY ALL INFORMATION RELATIVE TO MY INCOME.

DOCKET #: \_\_\_\_\_ DATE: \_\_\_\_\_

CHILD(RENS) NAME: \_\_\_\_\_  
\_\_\_\_\_

RESPONDENT'S NAME: \_\_\_\_\_

TENANT'S NAME: \_\_\_\_\_

SIGNATURE OF TENANT: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

### FOR CHILD SUPPORT ENFORCEMENT BUREAU USE ONLY

GROSS AMOUNT: \$ \_\_\_\_\_  
THIS AMOUNT IS PAID (CHECK ONE): \_\_\_\_\_ WEEKLY \_\_\_\_\_ BI-WEEKLY

\_\_\_\_\_ SEMI-MONTHLY \_\_\_\_\_ MONTHLY

EFFECTIVE DATE: \_\_\_\_\_  
IS THE RESPONDENT CURRENTLY IN ARREARS?: YES / NO  
IF YES, HOW MUCH? \$ \_\_\_\_\_

WORKER'S SIGNATURE: \_\_\_\_\_



Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

**TOWN OF HUNTINGTON HOUSING AUTHORITY**  
1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

**VERIFICATION OF CHILDCARE EXPENSES**

**PLEASE KNOW THAT THIS EXPENSE CAN ONLY BE CLAIMED FOR CHILDREN UNDER THE AGE OF 13. THIS FORM ALSO MUST BE NOTARIZED AND ACCOMPANIED BY PROOF OF PAYMENT (AT LEAST 3 MONEY ORDERS, CANCELLED CHECKS, OR RECEIPTS FROM THE DAY CARE PROVIDER.)**

I, \_\_\_\_\_ (CHILDCARE PROVIDER) WHO RESIDES

AT \_\_\_\_\_

DO HEREBY CERTIFY THAT I PROVIDE CHILDCARE FOR THE FOLLOWING CHILDREN:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

TOTAL HOURS PER WEEK: \_\_\_\_\_

AMOUNT RECEIVED FOR CARE FROM THE FAMILY: \$ \_\_\_\_\_ PER WEEK.

FULL-TIME SUMMER CARE OF SCHOOL AGE CHILDREN? YES/ NO

\_\_\_\_\_  
SIGNATURE OF CARE PROVIDER

\_\_\_\_\_  
DATE

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

IN THE PRESENCE OF \_\_\_\_\_ (SIGNATURE OF NOTARY)

SIGNATURE OF HEAD OF HOUSEHOLD \_\_\_\_\_



Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

**TOWN OF HUNTINGTON HOUSING AUTHORITY**  
1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

**STUDENT-ENROLLMENT VERIFICATION FORM**

DATE: \_\_\_\_\_

SCHOOL NAME & ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT'S NAME:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION OF STUDENT STATUS**

FEDERAL REGULATIONS REQUIRE THE HOUSING AUTHORITY TO VERIFY STUDENT STATUS OF HOUSEHOLD/FAMILY MEMBERS FOR THE DETERMINATION OF THE FAMILY'S ELIGIBILITY FOR RENTAL ASSISTANCE. PLEASE SUPPLY THE INFORMATION REQUESTED BELOW.

I HEREBY REQUEST THAT YOU FURNISH THE HOUSING AUTHORITY INFORMATION REGARDING THE STUDENT(S) LISTED ABOVE. I UNDERSTAND THAT THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR THE PROGRAM PURPOSES.

-HUNTINGTON HOUSING AUTHORITY

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**FOR SCHOOL USE ONLY**

STUDENT'S HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN RESPONSIBLE FOR STUDENT: \_\_\_\_\_

**THIS IS TO CERTIFY THAT THE ABOVE LISTED STUDENT(S) IS ENROLLED AT THIS SCHOOL.**

NAME OF EDUCATIONAL INSTITUTION: \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

DATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_



Si necesitas esta información en español, favor de llamar al (631) 427-6220 extensión 10 (If you need this information in Spanish, please call (631) 427-6220 ext. 10)

**TOWN OF HUNTINGTON HOUSING AUTHORITY**  
1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

**STUDENT-ENROLLMENT VERIFICATION FORM**

DATE: \_\_\_\_\_

SCHOOL NAME & ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT'S NAME:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION OF STUDENT STATUS**

FEDERAL REGULATIONS REQUIRE THE HOUSING AUTHORITY TO VERIFY STUDENT STATUS OF HOUSEHOLD/FAMILY MEMBERS FOR THE DETERMINATION OF THE FAMILY'S ELIGIBILITY FOR RENTAL ASSISTANCE. PLEASE SUPPLY THE INFORMATION REQUESTED BELOW.

I HEREBY REQUEST THAT YOU FURNISH THE HOUSING AUTHORITY INFORMATION REGARDING THE STUDENT(S) LISTED ABOVE. I UNDERSTAND THAT THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR THE PROGRAM PURPOSES.

-HUNTINGTON HOUSING AUTHORITY

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**FOR SCHOOL USE ONLY**

STUDENT'S HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN RESPONSIBLE FOR STUDENT: \_\_\_\_\_

**THIS IS TO CERTIFY THAT THE ABOVE LISTED STUDENT(S) IS ENROLLED AT THIS SCHOOL.**

NAME OF EDUCATIONAL INSTITUTION: \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

DATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_



**TOWN OF HUNTINGTON HOUSING AUTHORITY**  
**1A LOWNDES AVENUE HUNTINGTON STATION N.Y. 11746**  
**PHONE (631) 427-6220 – FAX (631) 427-6288**

**FULL TIME COLLEGE STUDENT STATUS**  
**VERIFICATION**

Please provide a **LETTER** from the school's **REGISTRAR OFFICE** indicating current F/T student status of adult household member. An acceptance letter, bill or schedule will **NOT** be considered).

# DECLARATION OF CITIZENSHIP / Section 214 Status

Tenant ID: \_\_\_\_\_

PLEASE PROVIDE ALL INFORMATION REQUESTED AND RETURN TO:

**TOWN OF HUNTINGTON HOUSING AUTHORITY  
1A LOWNDES AVENUE  
HUNTINGTON STATION, NY 11746**

## Part 1

At least one applicant must be a citizen or national of the United States or a non-citizen with eligible immigration status in order to benefit from the Section 8 Rental Assistance Program.

One box on this form **MUST** be checked for each member of the applicant family indicating status as a citizen or a national of the United States **OR** a non-citizen with eligible immigration status.

Families that include members who are citizens or have eligible immigration status and members who do not have eligible immigration status are considered a "mixed family. Mixed families will receive prorated rental assistance.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

|              |           |       | A Citizen or National<br>of the US | or | A Non-citizen with<br>eligible immigration<br>status | or | Neither or Other         |   |
|--------------|-----------|-------|------------------------------------|----|--|----|--------------------------|---|
| <b>I AM:</b> |           |       |                                    |    |  |    |                          |   |
| First Name   | Last Name | Age   |                                    |    |  |    |                          | Signature of Adult Listed to the left,<br>or Signature of Guardian for Minors |
| _____        | _____     | _____ | <input type="checkbox"/>           | or | <input type="checkbox"/>                             | or | <input type="checkbox"/> | _____   |
| _____        | _____     | _____ | <input type="checkbox"/>           | or | <input type="checkbox"/>                             | or | <input type="checkbox"/> | _____   |
| _____        | _____     | _____ | <input type="checkbox"/>           | or | <input type="checkbox"/>                             | or | <input type="checkbox"/> | _____   |
| _____        | _____     | _____ | <input type="checkbox"/>           | or | <input type="checkbox"/>                             | or | <input type="checkbox"/> | _____   |
| _____        | _____     | _____ | <input type="checkbox"/>           | or | <input type="checkbox"/>                             | or | <input type="checkbox"/> | _____   |
| _____        | _____     | _____ | <input type="checkbox"/>           | or | <input type="checkbox"/>                             | or | <input type="checkbox"/> | _____   |
| _____        | _____     | _____ | <input type="checkbox"/>           | or | <input type="checkbox"/>                             | or | <input type="checkbox"/> | _____   |
| _____        | _____     | _____ | <input type="checkbox"/>           | or | <input type="checkbox"/>                             | or | <input type="checkbox"/> | _____   |

**NOTE:** Applicants who have checked a box indicating that they are a non-citizen with eligible immigration status must complete Part 2 of this form.

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

## Part 2

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-888B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to be document has been verified.

Do not mail original documents to this office.

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

### Head of Household Certification

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

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

### Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

| First Name | Last Name | Age | Signature of Adult Listed to the left, or Signature of Guardian for Minors | Office Use Only<br>INS VERIF. # |
|------------|-----------|-----|--|---------------------------------|
|            |           |     | X  |                                 |
|            |           |     | X  |                                 |
|            |           |     | X  |                                 |
|            |           |     | X  |                                 |

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission to the Immigration and Naturalization service for purposes of verification of the immigration status of the individual or to the US Department of Housing and Urban Development, as required. The US Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.





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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.



**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD’s record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

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

**Signature**

**Date**

**Printed Name**



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD’s record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

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|--|--|-------------|
| <b>This Notice was provided by the below-listed PHA:</b> | <b>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs &amp; Termination Notice:</b> |             |
|  | <b>Signature</b>   | <b>Date</b> |
|  | <b>Printed Name</b>  |             |



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**Signature**

**Date**

**Printed Name**