

APPLICATION FOR CONTINUED OCCUPANCY

TOWN OF GLASTONBURY HOUSING AUTHORITY
25 Risley Road, Glastonbury, CT 06033

(Rev 6/22)

THIS FORM NEEDS TO BE COMPLETED BY THE DUE DATE INDICATED ON YOUR LETTER TO AVOID RECEIVING A PRE-TERMINATION LETTER. ALL HOUSEHOLD MEMBERS MUST BE LISTED USING THE CORRECT LEGAL NAME. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS FORM CERTIFYING THE INFORMATION PERTAINING TO THEM.

Name: _____	Address: _____
Primary Phone #: _____	Secondary Phone #: _____
Email: _____	
Emergency Contact Name & Phone Number: _____	
<u>Vehicles (Make & Model, Year, Color and License Plate Number)</u>	
Car #1 _____	
Car #2 _____	

FAMILY COMPOSITION

List the Head of Household and all other members WHO ARE OR WILL BE living in the unit.

Family Member #	First Name, Last Name & Sr., Jr.	Social Security #	Date of Birth	Gender	Relationship to Head
F1					Head of Household
F2					
F3					
F4					
F5					
F6					
F7					

Are you expecting any changes to the number of family members in your household? Yes No

If YES, please explain: _____

ASSETS

Type of Asset	FM #1 List Balance	FM #2 List Balance	FM #3 List Balance	FM #4 List Balance
Bank Account – Checking				
Bank Account - Savings				
Bank Account – CD's & Money Market				
401k's, IRA's, Stocks, Bonds, Pension or Retirement Fund				
Property (Real Estate Market Value)				
Other: _____				

PERSONAL INCOME

TOTAL HOUSEHOLD INCOME: List all money earned or received by all members of the household. This includes money from wages, tips, self-employment, unemployment, child support, contributions, Social Security, Social Security Disability (SSI), Workman's Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, interest from bank accounts, alimony, and **all other sources** including regular contributions from someone outside your household. All income documents stated must be submitted and verified.

Household Member Name	Name of Employer	Gross Monthly Wages	Unemployment Weekly	TANF Monthly	Child Support Monthly	Social Security Or SSI	Other Income/ Source

EXPENSES

CHILD CARE EXPENSES: Please provide proof of payments made to the provider

Name of Provider	Address & Phone Number of Provider	Cost Per Week

(ELDERLY (age 62+) or HOH Disabled ONLY) Do you have medical expenses? Yes No

Please provide the details: _____

Do you certify that all your medical expenses are NOT paid or reimbursed to the family from any source? Yes No

Type of Deduction	Periodic Amount (Monthly, etc.)	X	Annual Amount
Medicare		x 12	
Private Insurance (BC/BS, etc.)			
Medical Receipts - Doctor			
Medical Receipts - Hospital			
Medical Receipts - Glasses, Equip, etc.			
Prescriptions (Detail on Reverse)			
TOTAL ALLOWABLE DEDUCTIONS			

PROGRAM INTEGRITY QUESTIONNAIRE

QUESTIONS	Response		
	YES	NO	N/A
Has anyone in your household worked for pay in the past twelve months? <i>If not listed on previous page, attach letter of explanation</i> <i>If no income, a Zero Income Calculation form might be needed to be completed</i>			
If you work or go to school, do you have unreimbursed childcare expenses? <i>If yes, provide verification</i>			
If the head of household or spouse is elderly or disabled, will your unreimbursed medical expenses be greater than 3% of your gross income? <i>If yes, please provide printout(s) of your out-of-pocket expenses for the past 12 months.</i>			
If you or anyone in your family is a person with disabilities, does anyone require a reasonable accommodation in order to fully utilize our programs and services?			
Does any dependent over 18 years old attend school on a full-time basis? <i>If yes, provide verification</i>			
Does any member of the household have an account at a bank, credit union, or other financial institution? <i>If yes, attach a copy of your most recent statement</i>			
Does anyone outside of the household pay any of your bills or give you money? <i>If yes, attach a letter of explanation</i>			
Has any person not listed on this form lived in the household in the last year? <i>If yes, please attach a letter indicating the name, relationship to you and the period of time the person lived in the unit.</i>			
Do you expect anyone to join your household in the next year?			
Has anyone in your household been arrested or convicted for the felonious use, sale, or distribution of a controlled substance in the last 12 months?			
Does anyone in your household currently use a controlled or illegal drug?			
Is anybody in the household required to register on a lifetime sex offender registry? <i>If yes, please attach a letter stating who and in what state</i>			
Has anyone in your household committed a violent criminal activity in the past 12 months?			
If we were to do a criminal background check on your household members for the past 12 months, would the records show any activity? <i>If yes, attach a letter of explanation</i>			

- * I do hereby state that all the information shown on this document and attachments is true and correct. I also understand that no additional household members (except children born to me or adopted) may join my household unless and until the owner of the rental unit and the Housing Authority have approved the additional member in writing. I understand that I have a duty to report within ten days if any member of the household leaves. I understand that false statements or information are grounds for termination of housing assistance. I understand that I will be required to make retroactive payment for overpaid assistance (under paid rent) if I fail to notify the Housing Authority of the changes.
- * I authorize the Housing Authority of the Town of Glastonbury and its staff to contact any agencies, offices, groups or organizations to obtain any information or materials which are deemed necessary to complete or update my certification.

RELEASE FOR INFORMATION:

- * I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to: Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Medical or Child Care Allowances, Credit and Criminal Activity, Previous Landlords/Public Housing Agencies, Past and Present Employers, Veterans Administration, Welfare Agencies, State Unemployment Agencies, Banks/Other Financial Institutions, Law Enforcement Agencies, Schools and Colleges, Social Security Administration, Medical/Child Care Providers, Support/Alimony Providers. I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.
- * I understand and agree that HUD or the Housing Authority of the Town of Glastonbury may conduct computer matching programs to verify the information supplied for my application or recertification. I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD or the housing authority may in the course of its duties exchange such automated information with other federal, state or local agencies, including but not limited to those agencies listed in the paragraph above.
- * I understand that the re-evaluation of my income and deductions may result in an increased tenant rent and that when I receive notice of this change, I have the right to appeal if I believe an error has been made. If I want to challenge the new rent, I must request a hearing in writing within ten days.
- * I understand that I must promptly furnish to the Town of Glastonbury Housing Authority any letter or other notice that HUD or the IRS sends to any member of the family concerning family income.

SIGNATURE OF HEAD OF HOUSEHOLD & DATE

SIGNATURE OF OTHER ADULT & 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.

FOR GHA USE ONLY

Worksheet

Tenant Name and Address: _____

Reason for Change (annual re-examination; interim (explain what has changed)):

I. Income:

II. Assets:

III. Expenses:

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. 07/31/2017

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

Housing Authority of the Town of Glastonbury
25 Risley Road
Glastonbury, CT 06033

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.

AUTHORIZATION for Release of Information

CONSENT

I authorize and direct any Federal, State, local agency, organization, business, or individual to release and to verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing and/or any other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED

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

Identity and Marital Status	Employment, Income and Assets
Medical or Child Care Allowances	Credit and Criminal Reports
Residences and Rental Activity	Sex Offender Status

GROUP OR INDIVIDUAL THAT MAY BE ASKED

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

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies
Courts and Post Offices	State Unemployment Agencies
Schools and Colleges	U.S. Social Security Administration
Law Enforcement Agencies	Support and Alimony Providers
Medical and Child Care Providers	U.S. Department of Veterans Affairs
Retirement Systems	Banks and Other Financial Institutions
Utility Companies	Credit Providers and Credit Bureaus

COMPUTER MATCHING NOTICE AND CONSENT

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

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization will remain on file with the PHA. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____	_____	_____
Head of Household	(Print Name)	(Date)
_____	_____	_____
Spouse	(Print Name)	(Date)
_____	_____	_____
Adult Member	(Print Name)	(Date)
_____	_____	_____
Adult Member	(Print Name)	(Date)

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

**CERTIFICATION WORKSHEET FOR COMPLIANCE WITH THE COMMUNITY SERVICE REQUIREMENT
HOUSING AUTHORITY OF THE TOWN OF GLASTONBURY
25 Risley Road, Glastonbury, CT 06033**

TODAY'S DATE ___/___/___

NAME _____

ADDRESS _____

1. Please check any of the following that are applicable:
- a. _____ 62 years of age or over. *(documentation in file)*
 - b. _____ Employed in a job working at least 30 hours per week. *(Employment verification in file)*
 - c. _____ Participates in a state administered welfare-to-work program *(provide proof of participation from DSS)*
 - d. _____ Receives Social Security Disability and certifies that such disability prevents compliance with the community service requirement as defined in 24 CFR 960.601.
 - e. _____ Is the primary caretaker of a person in the household who receives Social Security Disability and certifies that such disability prevents compliance with the community service requirement as defined in 24 CFR 960.601. *(Provide proof from the primary care physician of the disabled person in the household or from the DSS Home Care program)*

If you have checked any of the above, skip to the certification section (Section 3) and sign.

2. To meet my community service requirement, I am performing 8 hours per month of community service by (check any number applicable - the total number of hours for each month must equal 8):
- a. _____ Enrolling in an economic self-sufficiency program. *(provide proof of participation from agency providing economic self-sufficiency training)*
 - b. _____ Working with the Resident's Council. *(Attach hours sheet with Resident Council president's signature)*
 - c. _____ Working with the Town Social Services, Senior Services, or Youth and Family Services Office. *(Attach hours sheet with town staff supervisor's signature)*
 - d. _____ Working in the GHA Main Office, Herbert T Clark House or with the GHA Maintenance Staff *(Attach hours sheet with staff signature)*
 - e. Other Activity _____

(provide proof of participation that includes number of hours, name and phone number of persons certifying)

3. Certification
- a. I hereby certify that I understand that it is my obligation as an adult resident, other than an exempt individual, to perform community service or participate in an economic-self-sufficiency program required in accordance with '960.603.
 - b. I hereby certify that I am either an exempt individual, or that I must fulfill the work requirement, and that I have received a copy of the community service regulations.
 - c. I certify that I understand that if I am not an exempt individual and I have not fulfilled the work requirement, the PHA has the right not to renew the lease at the end of the lease period, per 24 CFR 960.607.

Signature of Adult Member

Date

Staff Signature

Date

**CERTIFICATION WORKSHEET FOR COMPLIANCE WITH THE COMMUNITY SERVICE REQUIREMENT
HOUSING AUTHORITY OF THE TOWN OF GLASTONBURY
25 Risley Road, Glastonbury, CT 06033**

TODAY'S DATE ___/___/___

NAME _____

ADDRESS _____

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Signature of Adult Member

Date

Staff Signature

Date

