

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 TO RELEASE & SHARE INFORMATION

PURPOSE: Vermillion Housing Authority(VHA) uses this authorization and the information obtained with it to administer its Housing Program.

INDIVIDUALS OR ORGANIZATIONS REQUESTED TO SHARE & RELEASE INFORMATION: Any individual or organization including any governmental organization, but not limited to, may be asked to release information, i.e.:

- Banks and Other Financial Institutions
- Law Enforcement Agencies, Courts Criminal Background Checks
- Credit Bureaus
- Past and Present Landlords
- Schools and Colleges
- Utility Companies
- State Agencies such as Child Welfare, Transportation, Employment Division
- Social Service Agencies
- Providers of Alimony, Child Care, Child Support, Credit, Handicapped Assistance
- Medical Care, Pensions/Annuities
- Medical Prescriptions
- Social Security Administration
- U.S. Department of Veteran Affairs
- Credit History, Financial Concerns, Criminal Activity, Legal Issues, Child Welfare Issues
- Family Composition and Child Care Expenses
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal or Local Benefits
- Status of Disability
- Legal Identity
- Medical Expenses
- Social Security Numbers
- Residences and Rental History
- Other: _____

AUTHORIZATION:

- I authorize for a period of 15 months from the date below to release & share any information (including documentation and other materials) pertinent to eligibility for or participation in the Housing Choice Voucher Program.
- I agree that photocopies of this authorization may be used for the purposes stated above.
If I do not sign this authorization, I understand that my housing assistance may be denied or terminated. I authorize all sources to fax, mail, or email information to: **Vermillion Housing Authority at: 25 Center St., Vermillion, SD 57069 Phone: 605.677.7191 Fax: 605.677.7192 Email: vermillionhousing@yahoo.com**
- I agree to provide an assigned Social Security number (or a Certification that no number has been assigned) for each household member.

Head of Household Signature Date

Social Security Number

Head of Household Signature Date

Social Security Number

Head of Household Signature Date

Social Security Number

Head of Household Signature Date

Social Security Number