

District of Columbia Housing Authority

300 7th Street, SW | 10th Floor

Washington, DC 20024

(202) 535-1000 | dchousing.org

Application for Continued Occupancy

Type of Recertification (select one): ☐ Triennial ☐ Biennial ☐ Interim Recertification

Program (select one): ☐ Public Housing ☐ HCVP (Section 8)

DCHA Representative Conducting Recertification (please print): _____

If additional room is needed to complete this form, attach additional sheets of paper.

SECTION 1: GENERAL FAMILY INFORMATION (Head of Household/Other Adult Member)

Head of Household (Legal Name)		
Other Adult Member (If Head of Household is not Present for Interview)	Relationship to Head of Household	
Address (Current)	City, State	Zip Code
Mailing Address (If different from Current Address)	City, State	Zip Code
Home Phone#	Work Phone#	
Email Address		
Type of Legal Identification Presented		
If either Head of Household or Spouse is not present, why?		

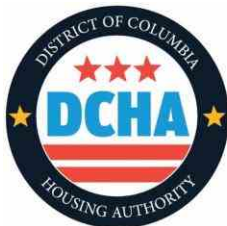
SECTION 2: HOUSEHOLD COMPOSITION

Please list the legal names of all of the people who live with the Head of Household. Start with the Head of Household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

Fam. Mem.	Legal Names	Relation to Head	Sex (M or F)	Birth Date	Occupation or School Name	Soc. Sec. #	Birth Place (City, State)
1							
2							
3							
4							
5							
6							
7							

Do you expect anyone to move in or out of your household within the next twelve months? ☐ Yes ☐ No

If yes, explain.



Have you or any other household member ever lived in public or assisted housing?

☐ Yes ☐ No

If yes, list where and when

SECTION 3: PROGRAM INTEGRITY INFORMATION

All Adult Household Members

Program Integrity Information (These questions apply to all adult household members).

Have you or any other household member ever used any name(s) or Social Security number(s) other than the one currently being used?

☐ Yes ☐ No

If yes, explain.

Have you or anyone in your household been arrested since your last recertification or convicted for the use, sale, manufacture or distribution of controlled substances?

☐ Yes ☐ No

If yes, who? When? For what?

Does anyone in your household currently use a controlled or illegal drug?

☐ Yes ☐ No

If yes, explain.

Has anyone in your household ever been arrested or convicted of violent criminal activity?

☐ Yes ☐ No

If yes, who? When? For what?

Are you or any member of your household subject to a state lifetime sex offender registration program in any state?

☐ Yes ☐ No

If yes, who? In what state(s)?

FOR PMO USE ONLY

Sex Offender 3rd Party Check Completed for All Adult Members

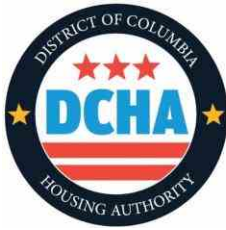
☐ Yes ☐ No

Date Completed: _____

3rd Party Criminal Background Check Completed (if applicable)?

☐ Yes ☐ No

Date Completed: _____

**SECTION 4: INCOME**

List all money received or earned by everyone living in the household.

Note the employment status of all adult family members. Include all money from Employment, Self-Employment, Unemployment Compensation, Child Support, Regular Contributions, Social Security, SSI, Retirement, Disability, Workmen's Compensation, TANF, Veterans Benefits, Rental Property Income, Stock dividends, Interest, Alimony, Annuities and all other sources.

Family Member Name	Source (Employment, TANF, Child Support, Social Security/Supplemental Security, Unemployment, DC Grandparent Stipend, All Other Income)	Rate	Type of Income	Annualized Income
		\$		\$
		\$		\$
		\$		\$
		\$		\$

(Provide a complete explanation of "income" to applicant)

Has anyone in your household applied for any benefits or money which is in the process of being approved?

☐ Yes ☐ No

If yes, explain.

Does anyone outside of your household pay for any of your bills or expenses?

☐ Yes ☐ No

Are you entitled to: Child Support?

☐ Yes

☐ No

Alimony?

☐ Yes

☐ No

Maintenance?

☐ Yes

☐ No

Do you receive child support, alimony or maintenance?

☐ Yes ☐ No

If yes, from who? Amount?

Does anyone in your household receive an educational scholarship or grant?

☐ Yes ☐ No

If yes, provide the following information for the member receiving the assistance:

Family Member Name	Source	Amount	Month/Semester/Year
		\$	
		\$	
		\$	



SECTION 5: ASSETS & BANKING INFORMATION

Do you and/or any household member earn interest income from assets of more than \$1,000/month? ☐ Yes ☐ No

Do you and/or any household member have assets valued at more than \$50,000? ☐ Yes ☐ No

If you answered YES to one or both of the questions above, complete the rest of the questions in this section (Section 5: Assets & Banking Information).

If you answered NO to both of these questions, move forward to the next section (Section 6: Allowances & Deductions).

Do you or any household member own or have an interest in any real estate, boat and/or mobile home? ☐ Yes ☐ No

If yes to any, please describe.

Have you or a household member sold any real estate in the last two years? ☐ Yes ☐ No

If yes, please describe.

Do you or a household member own any stocks or bonds? ☐ Yes ☐ No

If yes, please describe.

Family Member Name	Checking or Savings (select one)	Account #	Balance	Bank Name & Address
			\$	
			\$	
			\$	

Do you or a household member own a car(s)?

Family Member Name	Tag No.	Model/Year

Do you or a household member have any additional assets, including but not limited to, Annuities, Savings Bonds, and Credit Union Shares. ☐ Yes ☐ No

If yes, please provide describe.

Family Member Name	Asset	Account #	Balance	Financial Institution Name & Address
			\$	
			\$	
			\$	
			\$	
			\$	



SECTION 6: ALLOWANCES & DEDUCTIONS

Dependent

Are there members of the household who are under 18 years of age, are persons with disabilities or are full- time students? *Dependents **DO NOT** include live-in aids, foster children, and foster adults who may be household members.*

☐ Yes ☐ No

If yes, please provide name(s).

Elderly Family

Is the Head of Household, spouse or sole member 62 years old or older?

☐ Yes ☐ No

If yes, please provide name(s).

Disabled Family

Is the Head of Household, spouse or sole member a person with a disability?

☐ Yes ☐ No

If yes, please provide name(s).

What form(s) of verification of disability was provided by the household? (To be answered by DCHA staff)

Childcare Expenses

Unreimbursed amounts the family anticipates paying for children less than 13 years old for the period for which annual income is based.

Do you pay childcare expenses?

☐ Yes ☐ No

If yes, complete the following:

Child's Name	Amount	Per (Week/Month/Year)

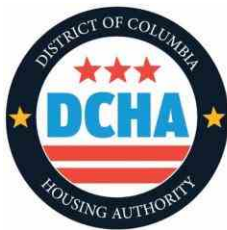
Is childcare necessary for the purposes of allowing a family member to be employed, to actively seek employment, or to further a family member's education?

☐ Yes ☐ No

If yes, please provide name(s) of the family member(s):

Disability Assistance Expenses (Elderly and Disabled Families ONLY)

Please indicate if you have any expenses related to attendant care or auxiliary apparatus for a disabled family member that you are paying (these are expenses for which you are NOT receiving any reimbursement). Only provide information for those expenses that allow for an adult member of the family to be employed (including persons with disabilities).



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Household Member Name	Amount \$

Medical and Unusual Expenses

Does any household member anticipate any medical expenses during the next 12 months that will not be reimbursed by any source outside your household? Include prescription/nonprescription drugs and any other medical costs.

Household Member Name	Type of Expense	Monthly Expense	Total Anticipated Expenses for Next 12 Months
		\$	\$
		\$	\$
		\$	\$

Current Monthly Expenses (From preceding month)

Type of Expense	Expense	Type of Expense	Expense	Type of Expense	Expense	Type of Expense	Expense
Rent	\$	Phone (Cell)	\$	Medical	\$	Credit Card	\$
Electric	\$	Auto Payment	\$	Cable	\$	Credit Card	\$
Gas	\$	Auto Insurance	\$	Insurance	\$	Loan	\$
Water	\$	Child Care	\$	Rentals	\$	Other	\$

Do you have any other regular monthly payments besides those above?

☐ Yes ☐ No

If yes, specify and include the amount(s) paid

SECTION 7: WORK HISTORY

Where was the last place of employment for all adult household members?

Household Member Name	Employer (Company Name)	Supervisor	Start of Employment (Month/Year)	End of Employment (Month/Year)

DCHA is committed to providing equal access to this event for all participants & residents with disabilities. If you need a reasonable accommodation, please contact our ADA/504 Department at ADA504@dchousing.org with your complete request. If you need a sign language or foreign language interpreter, please go to dchousing.org/language or call 202-535-1000. Please allow at least 3 business days to make the necessary arrangements.



SECTION 8: DECLARATION AND CERTIFICATION

I understand that any misrepresentations of information or failure to disclose information requested on this form may disqualify me from consideration for continued participation, and may be grounds for eviction/termination of assistance. I understand that DCHA may verify the information provided herein. I also understand that all changes in income of any member of the household, as well as any changes in household composition, must be reported to the District of Columbia Housing Authority in writing immediately.

Signature of Head of Household

Date

Signature of Spouse or other adult

Date

DCHA Representative Certification: I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH THE RESIDENT/PARTICIPANT PRIOR TO THEIR SIGN-OFF.

DCHA Representative

Date

WARNING! False statements are a basis for rejection of your application, eviction or termination from a program and may be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):300 7th Street SW, 10th Floors
Washington DC - 20024

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.