Fair Information Practices Act Statement of Rights

The Fall River Housing Authority collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators or prosecutors. Otherwise, the information will be kept confidential and used only by housing authority staff in the course of their duties.

The Fair Information Practices Act Established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by a housing authority to provide information, however, failure to permit the housing authority to obtain the required information may result in the delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and / or imprisonment.

As an applicant or Tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection, and either correct the problem or make your objection part of the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

I have read and understood this Fair Information Practices Act Statement of Rights and have received a copy for future reference.

Date: _____ _____

Applicant's Signature

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ 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.

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.

FALL RIVER HOUSING AUTHORITY

HOUSING CHOICE VOUCHER PROGRAM

APPLICATION FOR CONTINUED OCCUPANCY

Fall River Housing Authority
P.O. Box 989
Fall River, Massachusetts 02722

Phone (508) 675-3595
Fax (508) 675-3435
TDD (508) 675-3539

APPLICATION FOR CONTINUED OCCUPANCY

HEAD OF HOUSEHOLD

HEAD OF HOUSEHOLD

LAST NAME		FIRST NAME	MI
AGE		DATE OF BIRTH (MM/DD/YYYY)	
STATUS	❑ Elderly (62+) ❑ Disabled	LAST 4 DIGITS OF SSN	XXX –XX-
LANGUAGE	❑ English ❑ Spanish ❑ Portuguese ❑ Creole	❑ Other:	

UNIT ADDRESS

ADDRESS		UNIT #	PHONE (HOME)	
CITY	STATE	ZIP	PHONE (CELL)	
EMAIL ADDRESS (OPTIONAL)				

HOUSEHOLD MEMBERS

For each member of your household, please provide all personal and demographic information requested below:

MEMBER #1

LAST NAME		FIRST NAME	MI
AGE		DATE OF BIRTH)	
STATUS	❑ Elderly (62+) ❑ Disabled	LAST 4 DIGITS OF SSN	XXX –XX-
LANGUAGE	❑ English ❑ Spanish ❑ Portuguese ❑ Creole	❑ Other:	
MEMBER TYPE	❑ Co-Head ❑ Spouse ❑ Other Adult ❑ F/T Student ❑ Youth ❑ Foster Child ❑ Live-In Aide		

MEMBER #2

LAST NAME		FIRST NAME	MI
AGE		DATE OF BIRTH)	
STATUS	❑ Elderly (62+) ❑ Disabled	LAST 4 DIGITS OF SSN	XXX –XX-
LANGUAGE	❑ English ❑ Spanish ❑ Portuguese ❑ Creole	❑ Other:	
MEMBER TYPE	❑ Co-Head ❑ Spouse ❑ Other Adult ❑ F/T Student ❑ Youth ❑ Foster Child ❑ Live-In Aide		

MEMBER #3

LAST NAME		FIRST NAME	MI
AGE		DATE OF BIRTH)	
STATUS	❑ Elderly (62+) ❑ Disabled	LAST 4 DIGITS OF SSN	XXX –XX-
LANGUAGE	❑ English ❑ Spanish ❑ Portuguese ❑ Creole	❑ Other:	
MEMBER TYPE	❑ Co-Head ❑ Spouse ❑ Other Adult ❑ F/T Student ❑ Youth ❑ Foster Child ❑ Live-In Aide		

HOUSEHOLD MEMBERS *(CONTINUED)*

MEMBER #4

LAST NAME		FIRST NAME	MI
AGE		DATE OF BIRTH)	_____
STATUS	❑ Elderly (62+) ❑ Disabled	LAST 4 DIGITS OF SSN	XXX –XX- _____
LANGUAGE	❑ English ❑ Spanish ❑ Portuguese ❑ Creole ❑ Other:		_____
MEMBER TYPE	❑ Co-Head ❑ Spouse ❑ Other Adult ❑ F/T Student ❑ Youth ❑ Foster Child ❑ Live-In Aide		

MEMBER #5

LAST NAME		FIRST NAME	MI
AGE		DATE OF BIRTH)	_____
STATUS	❑ Elderly (62+) ❑ Disabled	LAST 4 DIGITS OF SSN	XXX –XX- _____
LANGUAGE	❑ English ❑ Spanish ❑ Portuguese ❑ Creole ❑ Other:		_____
MEMBER TYPE	❑ Co-Head ❑ Spouse ❑ Other Adult ❑ F/T Student ❑ Youth ❑ Foster Child ❑ Live-In Aide		

MEMBER #6

LAST NAME		FIRST NAME	MI
AGE		DATE OF BIRTH)	_____
STATUS	❑ Elderly (62+) ❑ Disabled	LAST 4 DIGITS OF SSN	XXX –XX- _____
LANGUAGE	❑ English ❑ Spanish ❑ Portuguese ❑ Creole ❑ Other:		_____
MEMBER TYPE	❑ Co-Head ❑ Spouse ❑ Other Adult ❑ F/T Student ❑ Youth ❑ Foster Child ❑ Live-In Aide		

CHANGES IN FAMILY COMPOSITION

Since your last annual recertification, list all members have been added to or removed from your household?

HOUSEHOLD MEMBER NAME	ADDED or REMOVED?	EFFECTIVE DATE	REASON ADDED/REMOVED?
	❑ Added ❑ Removed		
	❑ Added ❑ Removed		
	❑ Added ❑ Removed		

WAGES FROM EMPLOYMENT

For each household member, indicate the full amount of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services. If self-employed, use net income from business:

HOUSEHOLD MEMBER NAME	EMPLOYER NAME & ADDRESS	GROSS EARNINGS*	FREQUENCY
		$	❑ Weekly ❑ Bi-Weekly ❑ Monthly ❑ Yearly
		$	❑ Weekly ❑ Bi-Weekly ❑ Monthly ❑ Yearly
		$	❑ Weekly ❑ Bi-Weekly ❑ Monthly ❑ Yearly
		$	❑ Weekly ❑ Bi-Weekly ❑ Monthly ❑ Yearly

EQUAL HOUSING OPPORTUNITY

The Fall River Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, veteran status, public assistance, genetic information, gender identity, disability, or any other class protected by state or local law, in the access to its programs for employment, or in its activities, functions or services.

INCOME FROM OTHER SOURCES

For each member, please list income from all non-wage sources that is anticipated during the next 12 months:

INCOME SOURCE	HOUSEHOLD MEMBER						
	HEAD	#1	#2	#3	#4	#5	#6
TANF (WELFARE)	$	$	$	$	$	$	$
SSI/SSDI	$	$	$	$	$	$	$
SSP	$	$	$	$	$	$	$
SOCIAL SECURITY	$	$	$	$	$	$	$
PENSION	$	$	$	$	$	$	$
CHILD SUPPORT	$	$	$	$	$	$	$
UNEMPLOYMENT	$	$	$	$	$	$	$
MILITARY/VETERAN	$	$	$	$	$	$	$
OTHER (NON-WAGE)	$	$	$	$	$	$	$

ASSETS

Please list all checking and statement savings accounts currently held by any member(s)* of the household:

TYPE	ACCOUNT HOLDER'S NAME	FINANCIAL INSTITUTION	ACCOUNT #	BALANCE
CHECKING 1				$
CHECKING 2				$
CHECKING 3				$
SAVINGS 1				$
SAVINGS 2				$
SAVINGS 3				$

**Excludes live-in aides, foster children or foster adults*

ASSETS *(CONTINUED)*

Please list all investment assets currently held by any member(s)* of the household:

ASSET	ASSET OWNER'S NAME	FINANCIAL INSTITUTION	INTEREST	CASH VALUE
ANNUITY			%	$
CERTIFICATE OF DEPOSIT			%	$
EMPLOYER PENSION			%	$
RETIREMENT/IRA			%	$
LIFE INSURANCE POLICY			%	$
STOCKS, BONDS, MUTUAL FUNDS			%	$
TRUST			%	$

OTHER: _____			%	$

Please list any real estate currently owned by any member(s)* of the household:

	ADDRESS, CITY, STATE, ZIP	INCOME RECEIVED	APPRAISED VALUE
PROPERTY 1		$_____ /mo	$
PROPERTY 2		$_____ /mo	$

Excludes live-in aides, foster children or foster adults

Have you disposed of any assets within the last 2 years for less than market value? ❑ YES ❑ NO

If yes, explain here: _____

MEDICAL EXPENSES *(head of household or spouse age 62 or older or a person with a disability)*

Please list all medical expenses not covered by medical insurance that are anticipated during the next 12 months:

MEDICAL EXPENSES	COST
❑ ACUPUNCTURE	$
❑ ALCOHOLISM / DRUG ADDICTION	$
❑ AMBULANCE	$
❑ ARTIFICIAL LIMB / TEETH	$
❑ BANDAGES	$
❑ BRAILLE BOOKS AND MAGAZINES	$
❑ BREAST RECONSTRUCTION SURGERY	$
❑ CHIROPRACTOR	$
❑ CHRISTIAN SCIENCE PRACTITIONER	$
❑ CRUTCHES	$
❑ DENTAL TREATMENT	$
❑ DIAGNOSTIC DEVICES	$
❑ DISABLED DEPENDENT CARE EXPENSES	$
❑ EYE EXAM	$
❑ EYEGLASSES / CONTACT LENSES	$
❑ FAMILY PLANNING	$
❑ GUIDE DOG OR OTHER SERVICE ANIMAL	$
❑ HEARING AIDS	$
❑ HOSPITAL SERVICES	$
SUBTOTAL	$

MEDICAL EXPENSES	COST
❑ INSURANCE PREMIUMS	$
❑ LABORATORY FEES	$
❑ PERSONAL CARE / NURSING SERVICES	$
❑ MEDICINES	$
❑ NURSING HOME	$
❑ OPERATIONS	$
❑ OSTEOPATH	$
❑ OXYGEN	$
❑ PHYSICAL EXAMINATION	$
❑ PSYCHIATRIC CARE	$
❑ SPECIAL EDUCATION	$
❑ SMOKING CESSATION PROGRAMS	$
❑ TRANSPLANTS	$
❑ WEIGHT-LOSS PROGRAM	$
❑ WHEELCHAIR	$
❑ WIG	$
❑ X-RAY	$
❑ OTHER	$
SUBTOTAL	$
TOTAL MEDICAL EXPENSES	$

DISABILITY ASSISTANCE EXPENSES

Please list all unreimbursed disability assistance expenses* that are anticipated during the next 12 months:

ATTENDANT CARE SERVICES	ANNUAL COST
❑ IN-HOME CARE	$
❑ ADULT DAY CARE	$
❑ PERSONAL CARE	$
❑ NURSING	$
❑ HOUSEKEEPING	$
❑ ERRAND SERVICES	$
❑ INTERPRETERS FOR HEARING-IMPAIRED	$
❑ READERS FOR THE VISUALLY-IMPAIRED	$
SUBTOTAL	$

AUXILIARY APPARATUS	ANNUAL COST
❑ WHEELCHAIR	$
❑ RAMP	$
❑ ADAPTATIONS TO VEHICLES	$
❑ SCOOTERS	$
❑ READING DEVICES VISUALLY-IMPAIRED	$
❑ ADA-CERTIFIED SERVICE ANIMAL	$
SUBTOTAL	$

TOTAL DISABILITY EXPENSES	$

Disability assistance expenses only qualify for an income allowance if they are necessary to enable a household member to work.

The Fall River Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, veteran status, public assistance, genetic information, gender identity, disability, or any other class protected by state or local law, in the access to its programs for employment, or in its activities, functions or services.

CHILD CARE EXPENSES

Fill in the child care expenses* you anticipate to pay in the next 12 months for children under the age of 13.

NAME OF CHILD		COST/WEEK	$
PROVIDER NAME		PHONE	
PROVIDER ADDRESS		CITY, STATE	ZIP

**Childcare expenses only qualify for an income allowance if they are necessary to enable a household member to (a) be gainfully employed, (b) actively seek employment, or (c) further his/her education or job training.*

TENANT CERTIFICATION

WARNING: False statements or information on this application are grounds to terminate your housing assistance and are punishable under Federal and State Law.

_____ _____
Signature of Head of Household Date

_____ _____
Signature of Adult Member Date

_____ _____
Signature of Adult Member Date

_____ _____
Signature of Adult Member Date

_____ _____
Signature of Adult Member Date

***** STAFF USE ONLY: DO NOT WRITE BELOW THIS LINE *****

FRHA OFFICIAL'S STATEMENT

I certify that the information given to the FRHA by the household of _____ on the household composition, income, net family assets, and allowance and deductions has been verified as required by Federal Law; the family was eligible at recertification; and the family has certified that it has given our agency accurate and complete information.

_____ _____
Signature of FRHA Staff 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. 1/31/2014

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)
Fall River Housing Authority PO Box 989 Fall River, MA 02722 508-675-3595	

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.

FALL RIVER HOUSING AUTHORITY

Leased Housing Department

85 MORGAN STREET
P.O. BOX 989
FALL RIVER, MASSACHUSETTS 02722

TELEPHONE (508) 675-3595
FAX (508) 675-3435

GENERAL RELEASE OF INFORMATION

I, do hereby authorize, the Fall River Housing Authority, Housing Assistance Department or any person/agent associated with the Fall River Housing Authority, to have complete access to any and all record, files, documents, or other material which you have in your possession regarding me. I further authorize you to have copies made of all such material, if requested, and forward such copies of any and all records, files, documents etc. to the Fall River Housing Authority, Housing Assistance Department or any other person/agent associated with the Fall River Housing Authority. Finally, I authorize you to fully communicate verbally and/or in writing with the Fall River Housing Authority, Housing Assistance Department or any person/agent associated with the Fall River Housing Authority in any and all matters relating to me. By my execution of this General Release of Information, I fully authorize HUD, or the Fall River Housing Authority, Housing Assistance Department, or any person/agent associated with the Fall River Housing Authority to request and obtain income information for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

_____
Printed Name

_____ _____
Signature Date

_____
DOB

_____
Social Security Number

FALL RIVER HOUSING AUTHORITY
P.O. BOX 989
FALL RIVER, MASSACHUSETTS 02722

OBLIGATIONS OF SECTION 8 PROGRAM PARTICIPANTS

If a family member violates any section 8 program obligation, the Authority has discretion to terminate Section 8 housing assistance. The obligations are as follows:

INFORMATION AND DOCUMENTATION SUPPLIED BY THE FAMILY MUST BE TRUE AND COMPLETE

- The family must supply any information that the Fall River Housing Authority (FRHA) or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must supply any information requested by the FRHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family must report in writing all household income and any changes in all household members' income and family composition, providing all supporting documentation, within **30 days.**
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.
- The family must allow the FRHA to inspect the unit at reasonable times and after reasonable notice.
- The family must not commit any serious or repeated violation of the lease.
- The family must notify the FRHA and the owner before moving out of the unit or terminating the lease, and if any family member no longer resides in the unit, in writing within **30 days**.
- The family must promptly give the FRHA a copy of any owner eviction notice.
- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the FRHA.
- The family must promptly notify the FRHA in writing of the birth, adoption, or court-awarded custody of a child within 30 days. The family must request FRHA approval to add any other family member as an occupant of the unit.

- If the FRHA has given approval, a foster child or a live-in aide may reside in the unit. The FRHA has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide, and to define when FRHA consent may be given or denied.

- The family must not sublease the unit, assign the lease, or transfer the unit.

- The family must supply any information requested by the FRHA to verify that the family is living in the unit or information related to family absence from the unit.

- The family must promptly notify the FRHA when the family is absent from the unit.

- The family must not own or have any interest in the unit.

- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.

- Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

- An assisted family or member of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.

- A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the FRHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

I hereby certify that I understand my obligations under the Housing Choice Voucher Program and that my failure to comply with these obligations may result in the termination of my participation in the HCV Program.

_____ _____

HEAD OF HOUSEHOLD SIGNATURE DATE

_____ _____

ADULT HOUSEHOLD MEMBER SIGNATURE DATE

_____ _____

ADULT HOUSEHOLD MEMBER SIGNATURE DATE

_____ _____

ADULT HOUSEHOLD MEMBER SIGNATURE DATE

_____ _____

ADULT HOUSEHOLD MEMBER SIGNATURE DATE