

VALLEJO HOUSING AUTHORITY
ADDING A HOUSEHOLD MEMBER

Due to budget cuts, currently there are restrictions on whom you can add to your household: Contact your Housing Specialist for more information.

INSTRUCTIONS

- Step 1: Get the **Adding a Household Member** form (pink form).
Step 2: Complete every section of the form that applies to you.
Step 3: Provide the following:
- Signed Authorization for Release of Information form (if the person is 18 or older)
 - Declaration of Section 214 Status form
 - Social Security card
 - Photo ID (if the person is 18 or older)
 - Birth certificate
 - If adding a child other than a newborn, verification of custody/guardianship. A child cannot be added to the household unless the household member has at least 51% custody
 - Verification of any income the new household member has. If employed, verification from the employer and the three most recent paystubs
- Step 4: Read the **FAMILY CERTIFICATION** section carefully. The Head of Household must sign and date the form. If the person being added to the household is an adult, he/she must also sign and date the form.
- Step 5: Attach all supporting documentation
- Step 6: Submit it to the VHA.

NOTE: You will be notified of the result of the requested change(s) by **MAIL**

If you are a person with a disability and need a reasonable accommodation in order to fully access and use the VHA's programs and services, please submit your request in writing to the Vallejo Housing Authority, 200 Georgia St. Vallejo, CA 94590. For more information, please call the VHA at (707) 648-4507. The hearing impaired may call the California Relay Service at (800) 735-2922 without TTY/TDD or (800) 735-2929 with TTY/TDD.

PERSONAL DECLARATION

Adding Members

Head of Household:
 LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____

TELEPHONE NUMBERS

HomeTelephone _____ WorkTelephone _____

Relatives/Friend's Telephone _____ Cellular Telephone _____

E-Mail Address _____

TODAY'S DATE _____ EFFECTIVE DATE _____

I request **ADDING** the following person(s) to my family composition:

1.			
Last Name	First Name	MI	Relationship
Social Security Number	Date of Birth	[M] [F] Sex	[Y] [N] Disabled
Race: [] White [] Asian/Pacific Islander [] Black [] American Indian/Alaska Native Ethnicity: [] Hispanic [] Not Hispanic			
2.			
Last Name	First Name	MI	Relationship
Social Security Number	Date of Birth	[M] [F] Sex	[Y] [N] Disabled
Race: [] White [] Asian/Pacific Islander [] Black [] American Indian/Alaska Native Ethnicity: [] Hispanic [] Not Hispanic			
3.			
Last Name	First Name	MI	Relationship
Social Security Number	Date of Birth	[M] [F] Sex	[Y] [N] Disabled
Race: [] White [] Asian/Pacific Islander [] Black [] American Indian/Alaska Native Ethnicity: [] Hispanic [] Not Hispanic			

List additional people on the back page

PERSONAL DECLARATION

Adding Members

Head of Household:

LAST NAME _____ FIRST NAME _____ MI _____

List income of the new member(s)

Member's Name	Type of Income Circle	Source of Income (Name, Address and Phone Number)	Amount of Monthly Income
	Wages Welfare SS	Name	
	Child Support Disability	Address	
	SSI Pension VA Benefits	CSZ	
	Other:	Phone	

	Wages Welfare SS	Name	
	Child Support Disability	Address	
	SSI Pension VA Benefits	CSZ	
	Other:	Phone	

	Wages Welfare SS	Name	
	Child Support Disability	Address	
	SSI Pension VA Benefits	CSZ	
	Other:	Phone	

List checking and/or savings accounts owned by the new member(s)

Family members Listed on the Account	Type of Account Circle which applies	Bank Name and Address where account is located	Account Number and current Balance
Names on Account	Checking	Name	Account #
1	Savings	Address	
2	Other:	CSZ	Balance
3		Phone	

Names on Account	Checking	Name	Account #
1	Savings	Address	
2	Other:	CSZ	Balance
3		Phone	

1. Is any person you are adding currently receiving housing assistance from an agency other than the City of Vallejo Housing Authority? [Y] [N] If yes, name the agency _____

2. Has any person listed ever been convicted of any crime other than traffic violations? [Y] [N]

Name: _____ Violation _____ Date _____

PERSONAL DECLARATION

Adding Members

3. Has any person listed ever committed any fraud in a federally assisted housing program, or welfare fraud, or been requested to repay money for knowingly misrepresenting information for such programs? [Y] [N]

Name: _____ Violation _____ Date _____

Please Explain: _____

4. Is any person listed on probation? [Y] [N] If yes, provide the following:

Name: _____ Violation _____ Date _____

County _____ Probation Officer _____ Phone Number _____

FAMILY CERTIFICATION

I do hereby swear and attest that all of the information provided on this PERSONAL DECLARATION for FAMILY COMPOSITION CHANGES FORM is true and correct. I/we authorize the Housing Authority to research public records and conduct computer matching searches, including credit bureau, to verify the information provided. I/we also understand that Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful, false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Signature of Head of Household Date

Signature of Spouse or other Adult Date

Signature of other Adult Date

Signature of other Adult Date

It is the policy of the Vallejo Housing Authority to provide reasonable accommodation to persons with disabilities, so that they may fully access and utilize the housing program and related services. Requests for reasonable accommodation must be made in writing. The Housing Authority must be allowed reasonable time to evaluate all requests.

The hearing impaired may call the California Relay Service at (800) 735-2922 without TTY/TDD or (800) 735-2929 with TTY/TDD.

Anne Putney is the Section 504 Coordinator. Please contact Ms. Putney, HCD Manager, at 707/648-4507 for further information.

Housing Authority of the City of Vallejo

200 Georgia St., Vallejo, CA 94590
Phone (707) 648-4507 Fax (707) 648-5249

Family Authorization

PURPOSE

The US Department of Housing and Urban Development (HUD) and the Vallejo Housing Authority may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I authorize the release of any information about me or members of my household to the Vallejo Housing Authority and HUD that is pertinent to eligibility for, or participation in, the Section 8 Housing Choice Voucher Program to either of the above named organizations. This includes applications for public assistance (AFDC, Food Stamps, GA, MediCal, etc.), and any associated documents.

INFORMATION COVERED

Inquiries may be made about:

Child Care Expense

Credit History

Residences and Rental History

Criminal Activity

Social Security Numbers

Federal, State Tribal or Local Benefits

Medical Expenses

Identity and Marital Status

Employment, Income, Pensions, Assets

Family Composition

Handicapped Assistance Expenses

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks & Other Financial Institution

Schools & Colleges

Alimony

Courts and Penal Institutions

US Social Security Administration

Child Care

Law Enforcement Agencies

Handicapped Assistance Expenses

Credit Reporting Agencies

US Department of Veterans Affairs

Utility Companies

Child Support

Employers, Past & present

Welfare Agencies

Landlords

Employment Dev. Dept (EDD)

Medical Care

Pensions/Annuities

CONDITIONS

I agree that photocopies of this authorization may be used for the purposes stated above. I understand that a photocopy of this release is a valid as the original. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT FOR 15 MONTHS FROM THE DATE SIGNED.

Signature of Head of Household: _____ Social Security Number: _____ Date: _____	Signature of Spouse or other Adult in Household _____ Social Security Number: _____ Date: _____
Signature of other Adult in Household: _____ Social Security Number: _____ Date: _____	Signature of other Adult in Household: _____ Social Security Number: _____ Date: _____

LANDLORD APPROVAL TO ADD HOUSEHOLD MEMBER

The family must request Owner and Housing Authority written approval to add another individual as an occupant of the assisted unit.

Part I - To be completed by Family:

Head of Household: _____ Phone: _____

I request permission to add the following to my household and the lease.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Reason: _____

Housing Policies

- 1) Additions to the Household do not automatically qualify the family for a larger voucher size.
- 2) All household members must meet eligibility requirements. Eligibility Requirements include a police record check for arrests related to drug or violent criminal activity, or alcohol abuse.
- 3) All household members must comply with HUD regulations and Housing Authority policies for receiving housing assistance.

Signature of Head of Household: _____ Date: _____

Part II - To be completed by Landlord, Owner, Agent, Manager:

Owner Name: _____ Phone: _____

- I approve the above addition(s) to this household.
 I disapprove the above addition(s) to this household.

Comments or Special Conditions: _____

Signature of Owner: _____ Date: _____

It is the policy of the Vallejo Housing Authority to provide reasonable accommodation to persons with disabilities, so that they may fully access and utilize the housing program and related services. Requests for reasonable accommodation must be made in writing. The Housing Authority must be allowed reasonable time to evaluate all requests.

The hearing impaired may call the California Relay Service at (800) 735-2922 without TTY/TDD or (800) 735-2929 with TTY/TDD.

Anne Putney is the Section 504 Coordinator. Please contact Ms. Putney, HCD Manager, at 707/648-4507 for further information.

Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury,¹ that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age²; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under ¹1001(a)(15) or 101(a)(20) of the INA³; or
 - Permanent residence under ¹249 of INA⁴; or
 - Refugee, asylum, or conditional entry status under ¹207, 208 or 203 of the INA⁵; or
 - Parole status under ¹212(d)(f) of the INA⁶; or
 - Threat to life or freedom under ¹243(h) of the INA⁷; or
 - Amnesty under ¹245 of the INA⁸

(Signature of Family Member)

(Date)

- Check box if signature of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

[See reverse side for footnotes and instructions]

1 Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department of agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2 Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3 Immigrant status under ¹101(a)(15 or 10(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by ¹101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by ¹101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under ²210 or 210A of the INA (8 U.S.C. 1160 or 1161). [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4 Permanent residence under ²249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under ²249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5 Refugee, asylum, or conditional entry status under ²207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under ²207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated" under ²208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under ²203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because uprooted by catastrophic national calamity [*conditional entry status*].
- 6 Parole status under ²212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under ²212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7 Threat of life or freedom under ²243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under ²243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8 Amnesty under ²245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under ²245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place and "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place and "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child.

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)

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(1)(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.