



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410



# Housing Authority of the County of DeKalb

310 North Sixth Street • DeKalb, Illinois 60115

Phone 815.758.2692 • Fax 815.758.4190

www.dekcohousing.com

## Self-Declaration for Assets Totaling Less than \$5,000

*If assets total \$5,000 or more, this self-declaration form may not be used.*

**Instructions:** If the family's total assets are less than \$5,000, the family may self-certify to the value of the assets and the income derived from the assets. At least once every 3 years, the PHA will obtain 3<sup>rd</sup> party verification of assets and income from assets.

List each asset owned by each member of the family/household regardless of age. For each asset listed, provide where the asset is held, the value of the asset, and any income derived annually from the asset. Enter a zero "0" under value for any asset listed below that you do not own.

Name of Head of Household:		Last 4 Digits of Social Security #:		
Address:		Unit #:		
City:		State:	Zip Code:	
Checking Account	Value: \$	Income generated By asset: \$	Owned by:	Held by/Located at:
Checking Account	Value: \$	Income generated By asset: \$	Owned by:	Held by/Located at:
Savings Account	Value: \$	Income generated By asset: \$	Owned by:	Held by/Located at:
Savings Account	Value: \$	Income generated By asset: \$	Owned by:	Held by/Located at:
Certificate Of Deposit (CD)	Value: \$	Income generated By asset: \$	Owned by:	Held by/Located at:
IRA, Retirement Account, 401k, etc.	Value: \$	Income generated By asset: \$	Owned by:	Held by/Located at:
Real Estate (land, house, etc)	Value: \$	Income generated By asset: \$	Owned by:	Held by/Located at:
Life Insurance with a Cash Value	Value: \$	Income generated By asset: \$	Owned by:	Held by/Located at:
Trust Fund	Value: \$	Income generated By asset: \$	Owned by:	Held by/Located at:
Cash on Hand	Value: \$	Income generated By asset: \$	Owned by:	Held by/Located at:
Pre-Paid Card	Value: \$	Income generated By asset: \$	Owned by:	Held by/Located at:
Other: (describe)	Value: \$	Income generated By asset: \$	Owned by:	Held by/Located at:

By my signature below, I certify that the value of all assets owned by all members of my household, when added together, equals less than \$5,000. I further certify that the information provided on this form includes all assets and anticipated income from such assets. I understand that any or all information provided on this form may be independently verified by the PHA. I further understand that any false information that I provide will constitute grounds for termination of assistance of my household and that I will be responsible for any rent I did not paid as a result of failure to report an asset.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date



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# Checklist for Income, Assets, and Allowances

This checklist must be completed at every annual recertification and any time in between at the Housing Authority's discretion. Each adult member of the household (age 18 or older) must complete and sign a separate form. Failure to comply could result in termination of assistance. Answer YES/NO to each statement; provide detail if requested.

Last Name

First Name

M.I.

Yes No Answer Yes or No to EACH item:

## NON-ASSET INCOME

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a child under the age of 18 who receives income from SSA.<br>Name(s): _____                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I am employed. List all the company(ies) you work currently for: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive tips, bonuses or commissions.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently working overtime or expect to work overtime in the next 12 months.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am self employed. Type of business: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I own my own small business. Name of business: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently a student but expect to be employed during the summer months.                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from military employment.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment or Worker's Compensation benefits.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive quarterly payments from the Family Independence Agency for the State-paid portion of SSI.                |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration benefits or benefits from the GI Bill.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive disability or death benefits other than Social Security.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance/SNAP Benefits (LINK Food Stamps Medical Card).   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance/TANF (Cash Assistance).  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive alimony/maintenance payments.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive child support. How many providers? _____ Is it paid directly to Social Services? _____                   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular cash contributions or gifts.<br>(including utility, phone, cable or rent payments paid for you). |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from annuities, an inheritance, or a nonrevocable trust fund.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular payments from insurance policies. List all policies: _____                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from retirement funds. List all companies: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from one or more pensions. List all pensions: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from lottery winnings.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently having a benefit reduced to adjust for a prior overpayment.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I received a cash settlement or a lump sum receipt in the last 12 months, or expect to in the next 12 months.      |
| <input type="checkbox"/> | <input type="checkbox"/> | I have received a delayed periodic receipt. List agency: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have income from other sources not listed above. Explain: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I filed a Federal Income Tax Return for the most recent filing year.   |

Yes No ASSET INCOME

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have cash held in my home or in a safety deposit box.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | I have assets held in another state. Type: _____ List state(s): _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | I have assets held in a foreign country. Type: _____ List country(s): _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I own real estate. How many properties? _____ Name location(s) _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | I have equity in rental property or other capital investments. Name(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive rental income from real estate. Name location(s) _____              |

**COMPLETE BOTH SIDES**

Yes	No	ASSET INCOME, CONT.
-----	----	---------------------

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from rental of farmland. Name location(s)_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from oil or gas rights. Name location(s)_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I own a land contract, mortgage or deed of trust. Name: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a vacant house or land that currently receives no income. Name locations: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I own a mobile home. I receive_____monthly rental income from it. It is vacant _____.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I own a funeral account. It is revocable. _____It is nonrevocable. _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collections.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a revocable trust.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have cash exchange app(s) How Many? _____ List all Institutions. _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have pre-paid card(s). How many? _____List all institutions. _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have savings account(s). How many? _____List all institutions. _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have checking account(s). How many? _____List all institutions. _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have time certificates. How many? _____List all institutions. _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have certificates of deposit (CD). How many? _____List all. _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have money market accounts. How many? _____List all institution: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have IRA's or Keogh's. How many? _____List: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have stocks. List all companies: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have bonds. List all types: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have treasury bills.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have 401k,/403b/457 or retirement or pension account.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a life insurance policy(ies). What type?_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have assets other than what are listed above. Explain:_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | My name is on accounts not effectively owned by me. Explain:_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney, in case I become incompetent. These other persons do not own the assets and receive no income from the assets. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have joint ownership on one or more of the above assets.   |

Yes	No	DIVESTITURE
-----	----	-------------

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have sold, given away, or otherwise transferred an asset(s) for less than it was worth within the last two years. Explain: _____ |
|--------------------------|--------------------------|--|

Yes	No	ALLOWANCES
-----	----	------------

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am a full-time student and am 18 or older. The school(s) I attend: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am <i>ELDERLY</i> (62 or older), or <i>HANDICAPPED</i> or <i>DISABLED</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay for medical insurance.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay expenses relating to a handicap or disability.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay medical expenses out of my own pocket.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay child care expenses out of my own pocket.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay attendant care expenses out of my own pocket.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay medical, child care or attendant care expenses, for which I am reimbursed by an outside source or governmental agency. |

**CERTIFICATION**

I certify that to the best of my knowledge, all statements made on this checklist form are true and complete.

I understand that false or incomplete statements made on this form could result in the termination of housing assistance.

**WARNING:** *Title 18, Section 1001 of the U.S. 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 U.S. or the Department of Housing and Urban Development.*

Signature

Date

# AUTHORIZATION OF RELEASE OF INFORMATION SOCIAL SERVICES

This Authorization permits the Housing Authority of the County of DeKalb (hereinafter "HACD") to use or disclose certain personal information for purposes other than for determining eligibility for housing assistance under the United States Housing Act of 1937.(42 U.S.C. Section 1437 et.seq) as now or hereinafter amended to the other agencies.

The HACD cannot require that you sign this authorization as a condition of receiving housing assistance services under the United States Housing Act of 1937.(42 U.S.C. Section 1437 et.seq) as now or hereinafter amended.

You have the right to revoke this authorization at any time by providing the HACD with written notice of revocation. The revocation will be effective upon receipt by the HACD except with respect to uses or disclosures made prior to the receipt of the written revocation.

**Please check (x) the following:**

\_\_\_\_\_ **DO NOT SHARE:** I do not want any information about me shared with any other agency.

\_\_\_\_\_ **SHARE:** The HACD may share the following information:

\_\_\_\_\_ NAME

\_\_\_\_\_ ADDRESS

\_\_\_\_\_ DATE OF BIRTH

\_\_\_\_\_ RACE

\_\_\_\_\_ SOCIAL SECURITY NUMBER

\_\_\_\_\_ Other Information: \_\_\_\_\_.

The above information can be shared with the following agencies:

--

**Complete both sides**

# AUTHORIZATION OF RELEASE OF INFORMATION SOCIAL SERVICES

When you sign this form, it shows that you understand the following:

The HACD will not deny you services if you do not want us to share any of the above information. If you permit the HACD to share any of the above information, this authorization will expire in one year from the date the authorization is executed. If you permit the HACD to share any of the above information, you may change your mind and cancel this authorization at any time.

\_\_\_\_\_  
Signature of Individual or legal representative

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Printed Name of Legal Representative



310 North Sixth Street  
DeKalb, Illinois 60115

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[www.dekcohousing.com](http://www.dekcohousing.com)

[requests@dekcohousing.com](mailto:requests@dekcohousing.com)





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## Family Certification Statement

*Read Carefully – Program Compliance*

### Certification of Reporting Responsibilities

HUD requires that all families report to the Housing Authority of the County of DeKalb any changes in sources of income and/or family composition (this includes reporting when a minor turns 18 years of age.) immediately/within 10 days upon the occurrence of such change, whether it is an increase or a decrease.

**Initial:** \_\_\_\_\_ Initial: \_\_\_\_\_ Initial: \_\_\_\_\_ Initial: \_\_\_\_\_

### Certification of True and Complete Information

I/We certify that the information given to the Housing Authority of the County of DeKalb on household composition, income, net family assets, and allowances and deductions are accurate and complete to the best of my/our knowledge and belief. I/WE understand that false statements or information is grounds for denial of housing and termination of tenancy.

**Initial:** \_\_\_\_\_ Initial: \_\_\_\_\_ Initial: \_\_\_\_\_ Initial: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

12/2019



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## COMMUNITY SERVICE REQUIREMENT EXEMPTION STATUS VERIFICATION

In accordance with the HUD Community Service Requirement effective at the first annual recertification time after October 1, 2000 each resident 18 years or older must contribute 8 hours per month of community service or participate in an economic self-sufficiency program unless they are exempt from this requirement.

Verification for exemption claimed must be provided.

**Please verify your status by checking the applicable exemption.**

I certify that I am eligible for an exemption from the Community Service requirement for the following reason:

- ☐ I am 62 or older
- ☐ I have a disability which prevents me from working  
(*Certification of Disability Form will serve as documentation*)
- ☐ I am the primary caregiver for someone who is blind or disabled  
(*Certification of Disability Form will serve as documentation*)
- ☐ I am working at least 30 hours per week  
(*Employment Verification form will serve as documentation*)
- ☐ I am participating in a Welfare to Work Program  
(*Must provide verification letter from agency*)
- ☐ I am receiving TANF and am participating in a required economic self-sufficiency program or work activity  
(*Must provide verification from the funding agency that you are compliant with job training or work requirements*)
- ☐ I participate in the (SNAP) Supplemental Nutrition Service program in Illinois.  
(*Must provide verification from the state of Illinois SNAP program*)

I hereby state that I am exempt from the community service requirement. I understand that if my circumstances change, I may no longer be exempt and will be expected to comply with this regulation.

**Signature**

**Date**

**WARNING:** Section 1001 of Title 18 of the U.S. 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.

**If you are not claiming an exemption, please complete the other side of this form.**

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## COMMUNITY SERVICE

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

Effective October 1, 2000, in order to be eligible for continued occupancy, each adult family member (18 years or older) must either (1) contribute eight hours per month of community service (not including political activities) within the community or (2) participate in an economic self-sufficiency program. (See other side for exemption status guidelines.)

Following is a list of volunteer opportunities available within the Housing Authority. If you are interested in serving in a community not-for-profit agency other than the Housing Authority, please indicate and the Housing Authority will work with you in contacting other community agencies. The Manager will contact you to work out the specifics of this program and distribute time sheets for recording your volunteer hours each month.

- Work at a local institution, including but not limited to: school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.
- Work with a nonprofit organization such as: Parks and Recreation, United Way, Red Cross, Volunteers of America, Boy Scouts, Girl Scouts, Boys or Girls Clubs, 4-H Program, PAL, Garden Center, community clean-up programs, beautification programs, other counseling, aid, youth or senior organizations
- Work at the housing authority to help with litter control
- Work at the housing authority to help with children's programs
- Work at the housing authority to help with senior programs
- Helping neighborhood groups with special projects
- Working through a resident organization to help other residents with problems
- Serving as an officer in a resident organization
- Serving on the Resident Advisory Board
- Caring for children of other residents so they may volunteer

**NOTE:** Political activity is excluded.

I/We understand that this is a requirement of the Quality Housing and Work Responsibility Act of 1998 and that if we do not comply with this requirement my lease will not be renewed.

**I will serve in the following capacity to meet the community service requirement for continued occupancy.  
I understand that I will be contributing 8 hours per month.**

(select from list above or indicate other choice)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**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.

**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):**David Siegel****310 N. 6th St. Dekalb, IL 60115**

**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.



310 N. Sixth Street  
DeKalb, IL 60115  
Phone: 815-758-2692  
Fax: 815-758-4190  
www.dekcohousing.com

## Authorization for Release of Information

*Please Read Carefully*

Form V. 2019  
Updated August 2019

### **CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Housing Authority of the County of DeKalb [HACD] any information or materials needed to complete the determination of eligibility for housing assistance through the programs offered by HACD. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

### **INFORMATION COVERED**

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

Identity and Marital Status  
Residences and Rental Activity/History  
Credit and Criminal Activity

Employment, Income and Assets  
Medical or Child Care Allowances  
SNAP and TANF Eligibility

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program. Information related to specific medical conditions will not be included.

### **AGENCIES, GROUPS & INDIVIDUALS THAT MAY BE ASKED**

I understand that the agencies, groups and individuals that may be asked to release the above information include but are not limited to:

Previous and Present Landlords  
Prospective Landlords  
Welfare Agencies  
Courts and Post Offices  
Banks and other Financial Institutions  
Social Security Administration  
Law Enforcement Agencies  
Utility Companies  
Public Housing Agencies  
Government or Social Service Agency  
IDHS or HFS

Past and Present Employers  
Veteran's Administration  
Retirement Systems  
State Unemployment Agencies  
Schools and Colleges  
Credit Providers and Credit Bureaus  
Medical Providers and Pharmacies  
Support and Alimony Providers  
Childcare Providers  
Individuals providing household contributions

### **CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority and will stay in effect for one year and one month from the date signed.

### **SIGNATURES**

_____ (Head of Household)	_____ (Printed Name)	_____ (Date)
_____ (Spouse)	_____ (Printed Name)	_____ (Date)
_____ (Adult Member)	_____ (Printed Name)	_____ (Date)
_____ (Adult Member)	_____ (Printed Name)	_____ (Date)
_____ (Signature of Minor's Parent or Legal Guardian)	_____ (Printed Name of Minor Child)	_____ (Date)
_____ (Signature of Minor's Parent or Legal Guardian)	_____ (Printed Name of Minor Child)	_____ (Date)

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).



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**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

#### NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.



## Housing Authority of the County of DeKalb

310 North Sixth Street • DeKalb, Illinois 60115

Phone 815.758.2692 • Fax 815.758.4190

www.dekcohousing.com

### HUD RULING REGARDING CHOICE OF RENT DETERMINATION

Each year in preparation for the annual reexamination, each family will be given the choice of having their rent determined under the formula method or having their rent set at the flat rent amount.

- A. Families who opt for the flat rent will be required to go through the income recertification process every three years, rather than the annual review they would otherwise undergo.
- B. Families who opt for the flat rent may request to have a reexamination and return to the formula-based method at any time for any of the following reasons:
  - 1. The family's income has decreased.
  - 2. The family's circumstances have changed increasing their expenses for childcare, medical care, etc.
  - 3. Other circumstances creating a hardship on the family such that the formula method would be more financially feasible for the family.

The formula method is the way rent has been calculated in the past which is 30% of the adjusted monthly income.

The Housing Authority of the County of DeKalb has set a flat rent for each unit. In doing so, it considered the size and type of the unit, as well as its condition, amenities, services and neighborhood. The Housing Authority of the County of DeKalb determined the market value of the unit and set the rent at the market value. The amount of the flat rent will be reevaluated annually, and adjustments applied.

Bedroom Size	Flat Rent Amount <i>(Effective 1/2025)</i>
1 (Civic Apartments)	\$815.00
1 (Taylor Street Plaza)	\$814.00
2 (Garden Estates)	\$970.00
2 (Lewis Court)	\$919.00
2 (Mason Court)	\$971.00
3 (Garden Estates)	\$1,352.00
3 (Lewis Court)	\$1,289.00
3 (Mason Court)	\$1,351.00

### RENT CHOICE CERTIFICATION

Effective on my annual recertification date I choose to have my rent amount determined by the following method:

\_\_\_\_\_ Formula Method 30% of adjusted monthly income  
\_\_\_\_\_ Flat Rent Amount

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Revised 09.18.2024



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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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<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: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

<b>Signature of Applicant</b>	<b>Date</b>

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.





## Housing Authority of the County of DeKalb

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Phone 815.758.2692 • Fax 815.758.4190

[www.dekcohousing.com](http://www.dekcohousing.com)

**DO YOU OWN A CAR?** \_\_\_\_\_ YES \_\_\_\_\_ NO

Information required by the DeKalb County Housing Authority. Please provide the following information for our files.

**Name:** \_\_\_\_\_

**Address & Apt. #:** \_\_\_\_\_

**Year, Make, Color & Plate Number(s) of Car(s):**

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**Owners of Cars(s):** 1) \_\_\_\_\_

2) \_\_\_\_\_

**Driver License Number of All Drivers Residing in the Apartment:**

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For office use only  
STICKER NUMBERS

Revised 11-2015



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### A WORD ABOUT AUTOMOBILE REGISTRATION

All Automobiles must be registered each year at Recertification. If you purchase or acquire a new car, you must complete a new registration form for that car.

In order to renew your automobile registration, **we will require current driver's license for all drivers, a current Illinois State Registration form, and a current proof of insurance for your vehicle.** Please bring these items to your recertification meeting, and we will make copies for your file. We will not approve continuation of your sticker without these items on file.

Unless your automobile is registered with the Housing Authority and you display an up-to-date Housing Authority Parking Sticker or Pass in your vehicle, your car may be towed away at your expense.

If you have any questions, please contact your property manager. Thank you for your cooperation. We do appreciate it!

Sincerely,

Housing Authority of the County of DeKalb

April 2016



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