



## HOUSING CHOICE VOUCHER PROGRAM

### INITIAL ELIGIBILITY DETERMINATION PACKET

Dear Applicant:

Your name has reached the top of the waiting list. In order to determine your eligibility for the Housing Choice Voucher (HCV) Program, you and **ALL ADULT** (defined as eighteen (18) years of age or older, even if still a student) household members **MUST** complete the Initial Eligibility Determination Packet and return it to the THDA within fourteen (14) days of this notice.

The purpose of this packet is for the THDA to determine your initial eligibility for the HCV Program and for all adult household members to sign required paperwork.

If you fail to return, the required paperwork within fourteen (14) days this application will be denied and you will be required to reapply during an open application period.

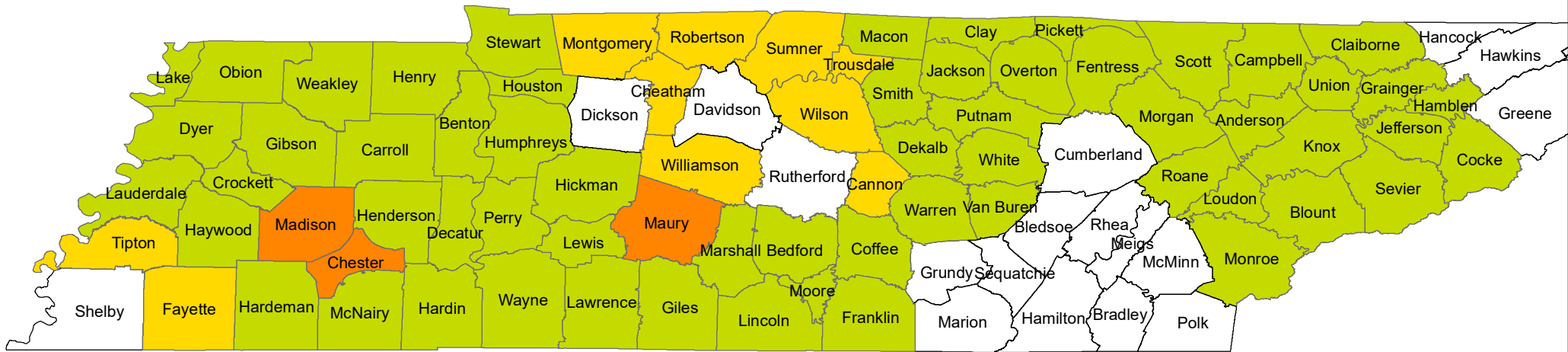
Please read each document attached to assist you in being a successful participant on the HCV Program. You will need to complete each form. If you have any questions, you may contact the assigned Rental Assistance Specialist with questions regarding the packet.

The packet includes the following documents:

- A Tennessee map to show the counties served by THDA
- Notice of Family Obligations & Grounds for Denial/Termination: All adult members must sign and date this notice. This notice explains what the family must do to remain in good standing with the HCV Program
- Debts owed to Public Housing Agencies and Terminations: All adult members must sign and date one of these forms. One form for every adult household member is required.
- Personal Declaration: The head of household must complete this form, and provide verification for all income, assets and expenses listed and all adult household members must sign. See the Acceptable Verifications Document attached
- THDA Authorization for the Release of Information: All adult members must sign and date this notice
- Authorization for the Release of Information/Privacy Act Notice: All adult members must sign and date this notice
- Declaration of Citizenship: Complete with all household members information
- Criminal Background Screening Request Form: All adult members must sign and date one of these forms. One form for every adult household member is required.
- Supplement to Application for Federally Assisted Housing: Complete this form if you want to list an optional contact person for your application. If you do not, you may check the box stating you do not choose to provide contact information. The head of household will sign this form.
- Acknowledgment of Completing Briefing: it is mandatory that you and ALL ADULT (defined as eighteen (18) years of age or older, even if still a student) household members **MUST** review the Initial Eligibility Briefing Video, where you will learn about the Housing Choice Voucher Program and how you can be a successful voucher participant. All adult members must sign and date this notice

The THDA's primary source of communication is by email. Please be sure to check your email regularly for THDA correspondence.

If you have any questions, you may contact the assigned Rental Assistance Specialist with questions regarding the packet.



**Counties Served by THDA**

- Area One
- Area Two
- Area Three

**Counties Not Served by THDA**

- Outside Service Area

**NOTICE OF FAMILY OBLIGATIONS &  
GROUNDS FOR DENIAL/TERMINATION**

**IT IS IMPORTANT THAT YOU READ THIS DOCUMENT CAREFULLY BEFORE SIGNING**

The Tennessee Housing Development Agency (THDA) may deny assistance for an applicant or terminate assistance for a participant in the Housing Choice Voucher (HCV) Program according to the family responsibilities outlined in the federal guidelines that regulate the HCV Program (24 CFR 982.551), the HCV Program voucher (form HUD-52646), the HUD tenancy addendum (form HUD-52641-A) executed between the family and owner, and the THDA's Administrative Plan, which specifies the below obligations in more detail. The Administrative Plan may be viewed at any THDA Field Office upon request or at [www.THDA.org](http://www.THDA.org).

**WHAT THE FAMILY MUST DO TO REMAIN IN GOOD STANDING**

**Supply Required Information**

- The family must supply any information that the THDA or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status (as provided by 24 CFR part 5). "Information" includes any requested certification, release or other documentation.
- The family must supply any information requested by the THDA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
- The family must disclose and verify social security numbers and must sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- **Most information is due to the THDA within fourteen (14) calendar days. If you fail to return requested information within the deadline it will be a program violation and may result in denial or termination of your assistance.**
- **Report all changes in family composition and income to the THDA within deadlines listed in the THDA Administrative Plan, which will be outlined in notices you receive.**
  - The household must inform the THDA and the owner of the birth, adoption, court-awarded custody of a child within thirty (30) days of such occurrence.
  - The household must notify the THDA within 30 days if any household member no longer resides in the unit.
  - The household must report any increases in income, including when any member starts to work, must be reported within 30 calendar-days of the occurrence. The participant will be responsible for repaying to the THDA any overpayment and if such overpayment exceeds \$3,000, then the participant will be terminated.
- **The family must attend all appointments. You may miss the first scheduled appointment for any reason. If you fail to attend the subsequent appointment, it will be a program violation and may result in denial or termination of your assistance.**

**Housing Quality Standards**

- HUD requires that the units participants reside in meet certain quality standards. Some of these standards are the owner's responsibility and others are the responsibility of the participant. The family is responsible for HQS breaches that are the family's responsibility under the lease and program, including:
  - Maintaining utilities for which the family is responsible. If any utility is disconnected for more than 72 hours, the participant will be terminated.
  - Maintaining appliances for which the family is responsible
  - Damages to the unit (beyond normal wear and tear) by a household member or guest.
  - Correcting repairs in a timely manner that are found to be the family's responsibility. Life threatening repairs must be repaired within 24 to 72 hours and regular repairs within 30 days.
- The family must allow the THDA or its agents to inspect the unit at reasonable times and after reasonable notice. You are allowed only one rescheduled or missed appointment. If you fail to attend the second inspection appointment, it will be considered a violation.

**Family Notice of Move or Lease Termination**

- The family must notify the THDA and the owner at least 30 days in advance (or longer if the lease require more notice), in WRITING, before the family moves out of the unit or terminates the lease.

### **Owner Eviction Notice**

- The family must provide the THDA with a copy of any owner eviction notices within 14 days of the notice.

### **Use and Occupancy of the Unit**

- The family must use the assisted unit for residence by the family, which means the unit must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the THDA, including, but not limited to, foster children, foster adults, and live-in aides.
- The household may engage in legal profit-making activities (such as using the unit for child care or other self employment), but ONLY if such activities are incidental to the primary use of the unit as a residence for the family and if the owner allows such activity under the lease agreement.
- The family must not sublease, let, assign the lease, or transfer the unit.

### **Interest in the Unit**

- The family must NOT own or have any interest in the unit, other than Homeownership participants. The unit may NOT be owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the THDA has determined (and has notified the owner and the family of such determination) that approving the rental of the unit would provide reasonable accommodation for a family member who is a person with disabilities.

### **Absence from the Unit**

- The family must supply any information or certification requested by the THDA to verify that the family is living in the unit or that any member of the family is absent from the unit, including the purpose of such absences. The family must notify the THDA of any absent that will exceed 14 days. It is also recommended that you notify the owner or property manager of the absence.

### **Violation of Lease**

- The family must NOT commit any serious or repeated violation of the lease. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated lease violation by the victim or threatened victim of the domestic violence, dating violence, or stalking, or as good cause to terminate the tenancy, occupancy rights, or assistance of the victim.
- Serious or repeated lease violations include, but are not limited to, damage to the unit beyond normal wear and tear and failure to make timely rent payments where the owner has been awarded a court-ordered judgment.
- Other serious violations of lease requirements as outlined in the THDA's Administrative Plan.

### **Fraud and Other Program Violations**

- The family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.

### **Crime by Household Members or Guests**

- The members of the household may not abuse alcohol in a way or 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.
- Guests, or other persons under the participant's control, with their knowledge, or within their supervision, must NOT participate in or be convicted of a drug-related or violent criminal activity that allegedly occurred in the immediate vicinity of the assisted unit at any time during the family's program participation.

### **Duplicative Subsidy**

- A household must not receive assistance under the HCV Program while receiving another housing subsidy, whether for the same unit or for a different unit, under any duplicative Federal, State or local housing assistance program.

**Other Reasons for Denial or Termination of Assistance**

- The family fails to respond in a timely manner to notices to pure the waiting list.
- The family does not meet income eligibility guidelines (family income is over the income limits).
- The term of the voucher expires without the family submitting a Request for Tenancy or when a unit fails to pass inspection within the required time frame.
- Restrictions regarding student status.
- Manipulates the HCV Program by paying the owner any additional rent to be eligible for a unit.
- The family fails to report income or family composition changes in a timely manner and the THDA overpays rental assistance on their behalf, which results in a debt to the THDA in excess of \$3,000. If a debt to the THDA results for less than \$3,000, and the family is otherwise eligible, the THDA will enter into a plan of repayment for the debt owed.
- The family breaches a repayment agreement with the THDA.

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

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

\_\_\_\_\_  
**Adult Household Member**

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

\_\_\_\_\_  
**Adult Household Member**

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

\_\_\_\_\_  
**Adult Household Member**

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



## 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 recordkeeping 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 04/30/2023.

#### **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.

**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:**

Tennessee Housing Development Agency

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

**Signature**

**Date**

**Printed Name**



HOUSING CHOICE VOUCHER PROGRAM

**PERSONAL DECLARATION**

**\*\*THIS FORM MUST BE COMPLETELY FILLED OUT, SIGNED, AND DATED BY ALL FAMILY MEMBERS EIGHTEEN (18) YEARS OF AGE AND OLDER\*\***

Your eligibility for assistance under the Housing Choice Voucher (HCV) Program is dependent on your and your household's honest and full completion of this form. The Tennessee Housing Development Agency (THDA) is required to use the information you provide in this document to obtain third-party verification of your household's income, assets, allowances/deductions, and household composition to determine your eligibility.

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 MAILING ADDRESS (If Different): \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 CONTACT PHONE: \_\_\_\_\_ OTHER CONTACT PHONE: \_\_\_\_\_ EMAIL REQUIRED: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** Information regarding ethnicity and race is requested by the Federal Government to monitor the State's compliance with fair housing and civil rights laws. You are not required to furnish this information, but are encouraged to do so. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. **Please use the following to indicate Race: W = White/Caucasian, B = Black/African American, A = Asian, H = Native Hawaiian/Pacific Islander, and I = American Indian/Alaska Native. To add more people, attach an additional sheet.**

List Everyone in Household (Including Self)	Relationship to Head of Household (Co-head, Spouse, Child, Other Adult, etc.)	Social Security Number	Sex (M/F)	Date of Birth	Disabled (Y/N)	Race (See Above)	Ethnicity (Hispanic or Latino) (Y/N)	Marital Status (Married, Single, Widowed, Divorced, Separated)
	HEAD							

**HAS ANYONE IN THE HOUSEHOLD BEEN ARRESTED OR CONVICTED OF ANY CRIME WITHIN THE PAST THREE YEARS?**  YES  NO  
**IF YES, WHOM?** \_\_\_\_\_



LIST ANYONE IN THE HOME WHO HAS TURNED EIGHTEEN (18) IN THE PAST TWELVE (12) MONTHS \_\_\_\_\_

**EMPLOYMENT INFORMATION:** Employment includes military, day labor, part-time and temporary or seasonal employment, self-employment, etc.

Employed Household Member	Employer Name, Address, Phone & Fax	Average Hours Worked Per Week	Gross Wages Per Week	Full-time Student (Y/N)

**\*\*ATTACH A COPY OF THE MOST RECENT 4 CHECK STUBS OR PRINT OUT OF RECENT PAY HISTORY FROM YOUR EMPLOYER\*\***

Is any adult in the household self-employed?  Yes  No If yes, please explain \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME:** List ALL INCOME currently or soon to be earned/received by everyone in your household. Income received on behalf of minors MUST be reported. IF a household member is employed, he/she must complete the above employment section of this form. IF you don't have enough room here to write down all the income in your household, attach an additional page. Put N/A if your household has no income. **Sources of Income include Social Security Benefits, Self-Employment, Unemployment, Child Support, Alimony, Workman's Compensation, TANF, Food Stamps, Pensions, etc.**

Household Member's Name	Source or Type of Income (See Above)	Monthly Gross Amount	Other information (DHS or Child Support case #, direct child support contact information, etc)
		\$	
		\$	
		\$	

Does anyone outside of your household pay for any of your bills or give you money on a regular basis?  Yes  No If yes, please detail the amount and consistency of money received: \_\_\_\_\_ Name, address, and phone # of person contributing: \_\_\_\_\_

**TOTAL HOUSEHOLD ASSETS:** If no one in your household has any assets, write "NONE" in the lines below. If your combined household assets are more than \$5,000, you must submit verification, dated within the last 60 days, of ALL assets. **Assets include checking and savings accounts, IRAs, CDs, Stocks, Whole Life Insurance Policies, etc.**

Type of Asset (See Above)	Current Value	Current Rate of Interest	Name of Bank or Financial Institution	Account Number(s)
	\$	%		
	\$	%		

Have you sold any property worth more than \$1,000 for less than its Fair Market Value within the last two (2) years?  Yes  No **Example: sold a house, cashed in a CD or Stocks, etc.) If yes, please explain in detail and provide verification** \_\_\_\_\_

**STUDENT INFORMATION:** List all household members currently enrolled in school, **whether part-time or full-time. Schools include primary, secondary, post-secondary (college or higher education), whether private or public.** Verification of student income & cost of tuition must be supplied!

Student Name(s)	Name of School, Address, Phone and Fax	Full-time or Part-time	Does the Student receive financial aid, scholarships or grants?	If yes, please explain in detail	1) Amount of annual tuition? 2) Amount of annual financial aid or assistance received? 3) Private School?
		<input type="checkbox"/> full-time <input type="checkbox"/> part-time	<input type="checkbox"/> yes <input type="checkbox"/> no		1) 2) 3)
		<input type="checkbox"/> full-time <input type="checkbox"/> part-time	<input type="checkbox"/> yes <input type="checkbox"/> no		1) 2) 3)
		<input type="checkbox"/> full-time <input type="checkbox"/> part-time	<input type="checkbox"/> yes <input type="checkbox"/> no		1) 2) 3)

**MEDICAL EXPENSES:** For households whose head or spouse is age sixty-two (62) or older, or whose head or spouse is disabled (proof of disability must be on file with the THDA, the THDA can deduct from income medical expenses that are: 1) Anticipated to be paid by anyone in the household in the twelve (12) months following the effective date of the review; 2) Are not paid by an outside source; and 3) Can be verified by third party sources. **Examples of medical expenses include: services of physicians; medical insurance premiums; prescription medicines; dental expenses; eye glasses; hearing aids and batteries; attendant care or periodic medical care; payments on accumulated medical bills. I certify my medical expenses anticipated for the next 12 months are as follows and that I have provided verification:**

Family Member Name	Type of Expense	Monthly Amount
		\$
		\$
		\$

**LIVE-IN AID:** Do you require a live-in aid?  Yes  No Is a live-in aid presently living with you?  Yes  No  
**DISABILITY ASSISTANCE EXPENSES:** For families with a disabled family member (not the head or spouse), where the disability has been verified by the THDA, the THDA can deduct from income attendant care and auxiliary apparatus expenses that are: 1) Necessary to enable a family member (including the disabled person) to be employed; 2) Anticipated to be paid in the next 12 months; 3) Not paid or reimbursed by outside sources; and 4) Not paid to a family member. **I certify my disability assistance expenses are as follows and that I have provided verification:**

**HOUSEHOLD EXPENSES:** List ALL expenses for everyone who will live in the home.

ITEM	MONTHLY PAYMENT	PAID BY WHOM (Name)?	CURRENT OR PAST DUE?	BALANCE
Rent/ Mortgage	<input type="checkbox"/> None \$			\$
Electricity	<input type="checkbox"/> None \$			\$
Gas Heat	<input type="checkbox"/> None \$			\$
Water for Home	<input type="checkbox"/> None \$			\$
Telephone	<input type="checkbox"/> None \$			\$
Cell Phone	<input type="checkbox"/> None \$			\$
Food	<input type="checkbox"/> None \$			\$
Cable	<input type="checkbox"/> None \$			\$
Internet	<input type="checkbox"/> None \$			\$
Car Payment (s)	<input type="checkbox"/> None \$			\$
Gas for Car	<input type="checkbox"/> None \$			\$
Car Insurance	<input type="checkbox"/> None \$			\$
Life Insurance	<input type="checkbox"/> None \$			\$
Furniture	<input type="checkbox"/> None \$			\$
Loan (s)	<input type="checkbox"/> None \$			\$
Rentals	<input type="checkbox"/> None \$			\$
Trash Removal	<input type="checkbox"/> None \$			\$
Credit Cards	<input type="checkbox"/> None \$			\$
Other:	<input type="checkbox"/> None \$			\$
Other:	<input type="checkbox"/> None \$			\$

**Do your current Household expenses exceed your gross monthly income?**  Yes  No **If yes, please explain who assist you with your monthly household expenses:**

**CHILD CARE EXPENSES:** I certify that my child care expenses for the next 12 months are as follows: (list anticipated amounts per month & contact information)

Childcare Provider Name	Address Phone & Fax	Child's Name & Age	Monthly Amount Paid by the Family?	Amount Paid by Someone Else (list name, address phone & fax of person(s) who assist you in paying the childcare expense)
			\$	\$
			\$	\$

**FAMILY SELF SUFFICIENCY:** Are you interested in participating in THDA's Family Self Sufficiency Program? *In this program, THDA will help you to locate the resources you need (education, child care) to secure employment and become self-sufficient.*  Yes  No  
**CERTIFICATION**

We, the adult members of the household, do hereby swear, attest, and affirm that all of the above information is true and complete. We understand that all adult household members are responsible for providing true and complete information and for reporting changes in a timely manner and that our failure to provide such information may result in a termination of the household's participation in the Housing Choice Voucher Program and **may be a felony crime as outlined below.**

**We understand that we must report, in writing, the following changes, within thirty (30) days of the change, to our local THDA field office:**

- Anyone starting to work, full-time or part time;
- Any change in the type or source of income or increase or decrease in income;
- The receipt of any addition to assets; and
- Any change in family composition (persons moving into or out of the home) and that we must request, in writing, approval from the THDA and the landlord *before* any new members move into the household. **Note:** You are required to report any person staying in the unit if they stay with you more than fourteen (14) days annually, whether the days are consecutive or not.

By signing below, all adult members of the household certify the following forms were initially received at the Eligibility Briefing, that all adult household members are responsible for reviewing and complying with each form, and that each form may be viewed on THDA's website at: <http://www.thda.org>.

- Notice of Family Obligations and Grounds for Denial and Termination
- Notice of Portability/Relocation Requirements
- Notice of Minimum Rent Exception
- Fair Housing Information and Discrimination Complaint Form
- Family Self-Sufficiency & Homeownership Program Information
- Violence Against Women Act

IF YOU HAVE QUESTIONS ABOUT ANY FORM, PLEASE CONTACT YOUR LOCAL THDA FIELD OFFICE.

SIGNATURE OF HEAD	DATE	SIGNATURE OTHER ADULT	DATE
-------------------	------	-----------------------	------

Portions of this document were incomplete. Incomplete areas were completed by phone and initialed at each area completed:

THDA Staff: \_\_\_\_\_ Date \_\_\_\_\_

**WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY U.S. DEPARTMENT OR AGENCY. TITLE 13, PUBLIC PLANNING AND HOUSING, CHAPTER 23, SECTION 133 OF THE TENNESSEE CODE ANNOTATED STATES THAT IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY MAKE, UTTER, OR PUBLISH A FALSE STATEMENT OF SUBSTANCE OR AID OR ABET ANOTHER PERSON IN MAKING, UTTERING, OR PUBLISHING A FALSE STATEMENT OF SUBSTANCE FOR THE PURPOSE OF INFLUENCING THE AGENT TO ALLOW PARTICIPATION IN ANY OF ITS PROGRAMS. CLASS E FELONY**

**REASONABLE ACCOMMODATION:** If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully comply with this notice, please call 615.815.2165 or email [RArequest@thda.org](mailto:RArequest@thda.org).





HOUSING CHOICE VOUCHER PROGRAM  
**AUTHORIZATION FOR THE RELEASE OF  
INFORMATION**

**\*\*\*All adult family members must read and sign this form\*\*\***

**Authority & Purpose:** The regulations that govern the Housing Choice Voucher (HCV) Program require applicants and participants to supply any information that the THDA or HUD determines is necessary in the administration of the program. "Information" includes any requested certification, release or other documentation (24 CFR 982.551). Therefore, the THDA requires you to sign this release for us to obtain certain information regarding your participation in the HCV Program, which the THDA has determined is necessary in its administration of the Program.

**By signing this consent form, you are authorizing HUD and the THDA to request information from the sources listed on this form in order for the THDA to make independent determinations regarding aspects of your eligibility for the HCV Program.**

**Use of the Income Information to be Obtained:** HUD and the THDA are required to protect the information obtained in accordance with the Privacy Act of 1974, U.S.C. 552a. The THDA is required to protect the information under any State privacy laws. HUD and THDA employees may be subject to penalties for unauthorized disclosures or improper use of the income information that is obtained based on this 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 this 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.

**Sources of Information to be Obtained:** Child Support, Child Care Expenses, Disability Status, Disability Assistance Expenses, Educational Grants & Income, Federal, State, Tribal or Local Benefits (including TANF and Food Stamps), Household Composition, Identity, Marital Status, School Enrollment Status, Medical Expenses, Utility Payment History, Public Housing Status.

**Individuals or organizations that may release information:** Child Support Enforcement Agencies, Educational Institutions, TANF Agencies, Utility Companies, Public Housing Authorities and individual providers of the following: Alimony & Child Support, Child Care, Disability Assistance Equipment or Services, Medical Care or Equipment.

**Consent:** I consent to allow HUD and the THDA to request and obtain information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under the HCV Program. I understand that the THDA must independently verify the information received under this consent form before using the information to deny, reduce, or terminate assistance. In addition, I must be given the opportunity to contest those determinations.

***This consent form expires 15 months after signed.***

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member Age 18 or over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member Age 18 or over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member Age 18 or over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member Age 18 or over

\_\_\_\_\_  
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. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

Tennessee Housing Development Agency THDA

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(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.

**DECLARATION OF CITIZENSHIP**

***PART 1: Must be completed for ALL household members***

Each person who will benefit under the Housing Choice Voucher (HCV) Program must either be a Citizen or National of the United States or be a Non-Citizen who has Eligible Immigration Status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or national of the United States or a non-citizen with eligible immigration status.

Every person who will reside in the household must be listed below, whether they are claiming citizen/national/eligible immigration status or not.

**Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States and do not claim to be a non-citizen with eligible immigration status should still be listed.**

**List all members that will reside in the assisted unit and listed on the Housing Choice Voucher:**

First Name	Last Name	Age	Citizen/National of the U.S.	Non-Citizen with Eligible Immigration S
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

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

\_\_\_\_\_  
**Other Adult Signature**                      **Date**                      **Other Adult d Signature**                      **Date**

**PLEASE NOTE: Family members who have checked a box indicating that they are a non-citizen with eligible immigration status must complete Part 2 of this form.**

**Warning** – Title 18 U.S. Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.



# VERIFICATION CONSENT FORM

***PART 2: Must be completed by any member indicating that they are a non-citizen with eligible immigration status in PART 1.***

I consent to allow the Tennessee Housing Development Agency (THDA) to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that the THDA cannot use it to delay, deny, or terminate housing assistance because of the immigration status of a family member except as provided in the regulations. In addition, I understand I must be given an opportunity to contest the determination with INS or the THDA, or both.

**This consent form expires 15 months after signed.**

## SIGNATURES

**ADULT:**

Head of Household	<u>A-</u>	Alien Number	Date	Family Member Age 18 or over	<u>A-</u>	Alien Number	Date
Spouse	<u>A-</u>	Alien Number	Date	Family Member Age 18 or over	<u>A-</u>	Alien Number	Date
Family Member Age 18 or over	<u>A-</u>	Alien Number	Date	Family Member Age 18 or over	<u>A-</u>	Alien Number	Date
Family Member Age 18 or over	<u>A-</u>	Alien Number	Date	Family Member Age 18 or over	<u>A-</u>	Alien Number	Date
Family Member Age 18 or over	<u>A-</u>	Alien Number	Date	Family Member Age 18 or over	<u>A-</u>	Alien Number	Date
Family Member Age 18 or over	<u>A-</u>	Alien Number	Date	Family Member Age 18 or over	<u>A-</u>	Alien Number	Date

**CHILD:**

Family Member under 18	<u>A-</u>	Alien Number	Signature of Adult residing in unit responsible for child	<u>A-</u>	Alien Number <sup>1</sup>	Date
Family Member under 18	<u>A-</u>	Alien Number	Signature of Adult residing in unit responsible for child	<u>A-</u>	Alien Number <sup>1</sup>	Date
Family Member under 18	<u>A-</u>	Alien Number	Signature of Adult residing in unit responsible for child	<u>A-</u>	Alien Number <sup>1</sup>	Date
Family Member under 18	<u>A-</u>	Alien Number	Signature of Adult residing in unit responsible for child	<u>A-</u>	Alien Number <sup>1</sup>	Date
Family Member under 18	<u>A-</u>	Alien Number	Signature of Adult residing in unit responsible for child	<u>A-</u>	Alien Number <sup>1</sup>	Date

<sup>1</sup> If citizenship declared by adult, leave blank.

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"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<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.

--	--

**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.

**CRIMINAL BACKGROUND SCREENING  
REQUEST FORM**

**PART I: BACKGROUND - To be completed by THDA Field Office Staff.**

DATE: \_\_\_\_\_ RENTAL ASSISTANCE SPECIALIST: \_\_\_\_\_  HCV  EHV

STATUS:  Waiting List Applicant  Addition to Household  Current Participant

Head of Household: \_\_\_\_\_  
(First) (Last) (MI)

Member Name/Relation to Head: \_\_\_\_\_  
(First) (Last) (MI) (Self, Co-head, Spouse, Other Adult, etc.)

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_  Male or  Female

Current Address: \_\_\_\_\_  
(Street Address only – P.O. Boxes not accepted) (City) (State) (Zip)

**PART II: APPLICANT/PARTICIPANT CERTIFICATION - To be completed by Applicant/Participant**

Please list any arrests or convictions within the last three (3) years (other than minor traffic violations):

\_\_\_\_\_  
City/State or County Description of Charge/Offense Date

\_\_\_\_\_  
City/State or County Description of Charge/Offense Date

Are you subject to a lifetime registration requirement under a State sex offender program?  Yes  No

\_\_\_\_\_  
City/State or County Description of Charge/Offense Date

*Certification: I understand that the Tennessee Housing Development Agency (THDA) is required under the federal regulations governing the Housing Choice Voucher Program to make certain determinations about my eligibility based on prior criminal history. Therefore, I authorize THDA to complete a criminal background screen through an external resident screening company. I understand that the information THDA obtains will be used in the processing of my eligibility for the HCV Program..*

\_\_\_\_\_  
Applicant/Participant Signature Date

**PART III: CRIMINAL BACKGROUND CHECK RESULTS - To be completed by THDA Field Office Staff**

1. Criminal Record Identified? Yes  No  Pending Court Date: \_\_\_/\_\_\_/\_\_\_

2. Based on the Criminal Background Information obtained, is the applicant/participant eligible to participate in the HCV Program?  
Yes  No

Reason for Denial/Termination:  
 Registered Sex Offender  Manufacturing/Producing Methamphetamine  Did Not Disclose Full Criminal Record  Drug-related, Violent, or other Criminal Activity Prohibited by the HCV Program. Citation: \_\_\_\_\_

\_\_\_\_\_  
Records Checked By Date Records Reviewed By Date



**Housing Choice Voucher Program  
Acknowledgement of Completing Briefing**

All adult household members, 18 years and older who will be participating in Housing Choice Voucher Program must sign this acknowledgement statement that the household has completed their briefing and is ready to receive their Housing Choice Voucher. Any Power of Attorney or agents must also complete a briefing and sign the acknowledgement statement.

**“I acknowledge that I have completed the Applicant/Portability Briefing, understand its content, and agree to follow the THDA’s policies and procedures of program participation as highlighted and defined in the Applicant or Portability Briefing Packet that I received.”**

What county are you requesting to use your voucher in? \_\_\_\_\_

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Head of Household Signature Date

---

Co-head of Household Signature Date

---

Household member (18 years or older) Date

---

Household member (18 years or older) Date

---

Power of Attorney/Agent (If applicable; not common) Date