

# NISQUALLY HOUSING PROGRAM FAMILY REPORT

**A. LIST ALL MEMBERS OF YOUR HOUSEHOLD:**

We must have a copy of a Social Security Card for every member of your family over 6 years of age.

Family member name:	Relationship to homebuyer	Date of Birth	Soc.Sec.Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

**B. LIST ALL SOURCES OF INCOME: Attach a copy of paystub, check or other verification.**

Family member name:

1. \_\_\_\_\_  
 Income Information:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_

Rate:  
 \_\_\_\_\_  
 \_\_\_\_\_

Family member name:

2. \_\_\_\_\_  
 Income Information:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_

Rate:  
 \_\_\_\_\_  
 \_\_\_\_\_

Family member name:

3. \_\_\_\_\_  
 Income Information:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_

Rate:  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. FISHING INCOME:** All family members over the age of 18 must sign a Fishing Income Verification

Form.

Family member name:

Amount Earned:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**D. DO YOU OR ANY FAMILY MEMBER HAVE ANY ASSETS? YES\_\_ NO\_\_**

Examples: Checking Accounts, Savings Accounts, Stocks, Rental Property, Individual Retirement Accounts. If "Yes" please fill out information below: (If more than two please an Assets Information Form)

Family member name

1. \_\_\_\_\_

Asset Information:

Value:

Name of Bank/Business \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Account : \_\_\_\_\_

Family member name

2. \_\_\_\_\_

Asset Information:

Value:

Name of Bank/Business \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Account : \_\_\_\_\_

**E. ADJUSTMENTS:**

**1) If you are over 62 years old you can deduct your Medical expenses:**

Examples: pharmacy costs, insurance premiums, doctor's costs.

You will need to provide receipts for your paid expenses.

**2) Do you have childcare expenses: yes \_\_\_\_\_ no \_\_\_\_\_**

\*\*Care Provider Information:\*\*

Name \_\_\_\_\_

Rate:

Address: \_\_\_\_\_

\_\_\_\_\_

City/State: \_\_\_\_\_

\*\*Anyone with care provider deduction must sign a copy of the Care Provider Verification Form.

- 3) **Do you have a handicap member in your household?** yes \_\_\_\_\_ no \_\_\_\_\_  
Does this handicapped member require attendant care so a family member can work?  
Please complete the \*\*Care Provider Information in #2.

Did you have to purchase auxiliary apparatus for a handicapped or disabled member so a Family member could work? Yes \_\_\_\_\_. You will need to provide receipts for your paid expenses.

- 4) **Do you travel in the excess of 60 miles round trip to work?** Yes \_\_\_\_\_ no \_\_\_\_\_  
You will be allowed no more than \$25.00 per week for this allowance.

I / We certify that the information given to Nisqually Housing Program is accurate and complete to the best of my knowledge and belief.

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\*\*\*\* Signature of Homebuyer

Date

## NISQUALLY HOUSING PROGRAM

### Assets Information Form:

Please fill in the name of the family member with the asset and the address where we can verify the value of the asset.

Family member name

3. \_\_\_\_\_

Asset Information:

Name of Bank/Business \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

#: \_\_\_\_\_

Value:

\_\_\_\_\_

Account

Family member name

4. \_\_\_\_\_

Asset Information:

Name of Bank/Business \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

#: \_\_\_\_\_

Value:

\_\_\_\_\_

Account

Family member name

5. \_\_\_\_\_

Asset Information:

Name of Bank/Business \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

#: \_\_\_\_\_

Value:

\_\_\_\_\_

Account

Family member name

6. \_\_\_\_\_

Asset Information:

Name of Bank/Business \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

#: \_\_\_\_\_

Value:

\_\_\_\_\_

Account

**NISQUALLY HOUSING PROGRAM**  
**Nisqually Indian Tribe**  
**2205 Lashi Street SE**  
**Olympia, WA 98513**  
**360-493-0081**

FEDERAL PRIVACY ACT NOTICES  
 For the  
 Mutual Help and Rental Programs

Purpose: Family income and other information is being collected by the Nisqually Housing Program to determine an applicants eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

Use: NHP uses 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 of the information furnished. HUD or NHP may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, Local agencies when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside HUD.

Penalty: You must provide all the information requested by this Housing Program, including all social security numbers for you and all other household members six (6) 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 delay or rejection of your eligibility approval.

Authority for information collection: The following laws authorize the collection of this information by HUD or NHP: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et.seq) Title IV of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the Social Security Numbers of all household members at least six (6) years old.

I have read the Privacy Act Notice on

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE OF HEAD OF HOUSEHOLD

**PLEASE ATTACH INCOME VERIFICATION**

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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

NISQUALLY INDIAN TRIBAL HOUSING  
2205 LASHI STREET SE  
OLYMPIA, WA 98513

360-493-0081

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____ Head of Household	_____ Date		
_____ Social Security Number (if any) of Head of Household		_____ Other Family Member over age 18	_____ Date
_____ Spouse	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.