



Missoula
Housing
AUTHORITY

**Adding An Adult Household Member – Pre-Application Form
Housing Choice Voucher, Shelter Plus Care, and Public Housing**

To add an adult to your current voucher household you must:

- ☐ Complete this entire packet. Please be sure all information is complete and accurate. The “Applicant” is the adult you are requesting to add to your household.
- ☐ Criminal background check waiver completed and signed by applicant.
- ☐ Declaration of Citizenship Status form completed and signed by all household members.
- ☐ Authorization for the Release of Information/Privacy Act Notice signed by applicant.
- ☐ Debts owed to Public Housing Agencies and Terminations signed by applicant. (*Housing Choice Voucher & Public Housing only*)
- ☐ Provide social security card for applicant.
- ☐ Provide photo ID for applicant.
- ☐ Verification of income & assets (i.e. 6 months pay stubs, social security award letter, 6 months bank statements, etc.) for applicant.

NOTICE: NO HOUSEHOLD MEMBER CAN BE ADDED OR MOVE IN UNTIL APPROVED, IN WRITING, BY THE LANDLORD AND MISSOULA HOUSING AUTHORITY.

Applicant Information

Last Name	First Name	Middle	Previous Names
Mailing Address	City	State	Zip
Home Telephone Number			

Household Information: Please tell us who is already listed in your voucher household and Applicant information:

	Legal Name	Sex M/F	Relationship to Head	Social Security Number	Date of Birth Month/Date/Year	Race	Ethnicity
Head			Self				
2							
3							
4							
5							
Applicant							
Additional Applicant							

Income Information: Please list the source and amount of all current income received by all household members and Applicant income received.

Name	Income Source	\$ Amount \$	Frequency: Per hour, week, month or year

Please have the Applicant answer the following questions:

- 1) Have you ever used a social security number other than the one listed? ____ Yes ____ No
If yes, what was it? _____
- 2) Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program? ____ Yes ____ No
If yes, who? _____ When? _____ What State? _____
- 3) Has anyone in your household been arrested, charged or convicted for any criminal activity?
____ Yes ____ No (Answering yes to this question does not necessarily mean you will be denied assistance)
If yes, what? _____ Who? _____ When? _____
- 4) Has anyone in your household been arrested, charged or convicted of manufacturing or producing methamphetamine on the premises of federally assisted housing?
____ Yes ____ No
If yes, who? _____ Where? _____ When? _____
- 5) Has any agency ever paid a portion of your rent? ____ Yes ____ No
When? _____ Where? _____
- 6) Do you owe money to a public housing agency, landlord, or utility company?
____ Yes ____ No
Name and Address of agency _____

It is the responsibility of all clients to provide accurate and complete information to MHA. If you do not provide all required information or if you submit false information to MHA you may be charged with federal fraud. (Title 18, Section 1001 of the U.S. Code)

I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I understand that this is not a contract and does not bind either party. The information contained in this application is true, and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein.

Head of Household Signature Date

Applicant Signature Date

HOUSEHOLD/FAMILY COMPOSITION CHANGE

Part 1: To be completed by Head of Household:

I, _____, request the following person to be added to my household:

Legal Name/ Last, First, Middle Initial

Relationship to Head of Household

Social Security Number

Date of Birth

Please review stipulations below and initial:

_____ I understand I must receive written permission from owner/landlord and MHA prior to this household change. The owner/landlord has a right to screen all applicants.

_____ I understand the MHA has the right to perform a background check on all applicants in accordance with policy.

_____ I understand the MHA will include this person's income as part of my household income.

_____ I understand I will be responsible to report any changes in household income or composition within 10 days of the date of change and I will be financially responsible for any overpayments made on behalf of my household.

Head of Household Signature

Date

Part 2: To be completed by your landlord:

I have _____ approved _____ denied the above-named person to be added to the lease and reside in the household at _____.

Owner/Landlord's Signature

Date

Part 3: To be completed by Missoula Housing Authority:

Missoula Housing Authority has _____ approved _____ denied the above-named person to be added to the household at _____.

Program Specialist's Signature

Date

Missoula Housing Authority
1235 34th Street
Missoula, MT 59801
Phone (406) 549-4113 Fax (406) 549-6406

CREDIT AND CRIMINAL BACKGROUND WAIVER
PLEASE PRINT LEGIBLY

APPLICANT #1

NAME _____
Last First Full Middle Name Alias/Maiden

CURRENT PHYSICAL ADDRESS (PLEASE INCLUDE ZIP CODE)

Date of Birth _____ Place of Birth _____

Sex _____ Race _____ Social Security Number _____

I authorize Missoula Housing Authority to obtain my credit and criminal background history in consideration of my application.

Applicant's Signature Date

Credit Report Submitted _____ Status _____ Verified By: _____
VICTIG INT. DATE

Criminal Background Submitted _____ Status _____ Verified By: _____
VICTIG or CHOPRS INT. DATE

NSO _____ SVOR _____ EIV _____ Verified By: _____
NATIONAL MT STATE INT. DATE

APPLICANT #2

NAME _____
Last First Full Middle Name Alias/Maiden

CURRENT PHYSICAL ADDRESS (PLEASE INCLUDE ZIP CODE)

Date of Birth _____ Place of Birth _____

Sex _____ Race _____ Social Security Number _____

I authorize Missoula Housing Authority to obtain my credit and criminal background history in consideration of my application.

Applicant's Signature Date

Credit Report Submitted _____ Status _____ Verified By: _____
VICTIG INT. DATE

Criminal Background Submitted _____ Status _____ Verified By: _____
VICTIG or CHOPRS INT. DATE

NSO _____ SVOR _____ EIV _____ Verified By: _____
NATIONAL MT STATE INT. DATE



Declaration of Citizenship Status

This form must be completed by all family members and applicant

Each person who will live in the subsidized unit must either be a citizen or national of the United States, or be a noncitizen that 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 Services.

Check one box for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the subsidized unit that do not claim to be (A) a citizen or national of the United States, and do not claim to be (B) a noncitizen with eligible immigration status, may mark box (C) I choose not to certify either A or B.

All adults must sign where indicated. For each child who is not 18 year of age, the form must be signed by an adult member of the family residing in the assisted dwelling unit who is responsible for the child.

First Name	Last Name	(A) I am a Citizen or National of the U.S.	(B) I am a Noncitizen with eligible immigration status	(C) I Choose not to certify as either A or B	Signature (Adult Listed to the left, or Guardian for Minors)
		[]	[]	[]	
		[]	[]	[]	
		[]	[]	[]	
		[]	[]	[]	
		[]	[]	[]	
		[]	[]	[]	
		[]	[]	[]	

WARNING – Title 18 US 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.

Head of Household Certification: *I certify, under penalty of perjury, that all members of my householder are listed above including all members of my household that have declined to certify that they are either citizens or nationals of the U.S. or that they are eligible immigration status.*

X _____
Signature

X _____
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 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.

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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



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 08/31/2016.

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.

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