



# District of Columbia Housing Authority

1133 North Capitol Street, NE Washington, DC 20002-7599

202-535-1000

Tyrone Garrett, Executive Director

DCHA Rep. Initials \_\_\_\_\_

**Don't risk your chances for federally or locally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.**

**Purpose** This is to inform you that there is certain information you must provide when applying and certifying your eligibility for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) and DCHA place a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Prohibited from receiving future assistance.
  - o Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or

**Asking Questions** When completing an application for assistance or going through the initial eligibility/continued eligibility determinations for housing assistance you should know what is expected of you. If you do not understand something, ask for clarification. DCHA staff assisting you can answer your questions or find what the answer is.

**Completing the Application** When you answer application or eligibility determination questions, you must include the following information:

- Income**
- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
  - Any money you receive on behalf of your children (child support, social security for children, etc.);
  - Income from assets (interest from savings account, credit union, or certificate of deposit, dividends from stock, etc.) - see "asset" paragraph below for details
  - Earnings from second job or part-time job; and
  - Any anticipated income (such as a bonus or pay raise you expect to receive)

**Assets** DCHA will only require reporting of assets from total net family income of more than \$1,000/year and total net family assets valued at more than \$15,000

- All bank accounts, savings bonds, certificate of deposits, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value such as your home to your children

**Signing the Application and Eligibility Forms**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that the form(s) is complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application and eligibility forms will be verified by DCHA. In addition, HUD will perform computer matches of the income you report with various federal, State, or private agencies to verify that it is correct

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**Recertifications**

You must provide updated information as part of the scheduled recertification process. You must report any changes in income and family/household composition immediately. Be sure to ask when you must recertify. At a minimum, you must report the following on the recertification forms:

- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.
- All income changes, such as increases in pay and/or benefits, change or loss of job and/or benefits, etc., for all household members;
- Any household members moving in or out; and
- All assets that you or your household members own that are valued at more than \$15,000; household assets that generate net income of more than \$1,000/year

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**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to DCHA. If that is not possible, then you can call the local HUD office or the HUD Offices of Inspector General (OIG) Hotline at (800) 347-3735

You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, SW, Washington, DC 20410



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### Preparing For Your Recertification Interview

#### I. Completing Enclosed Forms:

Enclosed with your recertification notification letter are a series of forms that must be completed in order to process your recertification. Prior to your interview, please review these forms carefully and complete. Some of the information required is contact information (i.e. employers, banking institutions, etc.). If you have any questions, please contact your office

#### II. Identification (Bring the following items):

- Valid government issued photo identification for all household members 18 years old and older
- Proof of Social Security Numbers for **ALL** household members (i.e. Social Security card, Social Security Administration benefit letter or letter acknowledging issuance of Social Security number, etc.)
- Birth Certificate/Proof of Birth for all household members (long version)

#### III. Information About Your Income and Assets:

1. Employment Income. For every member of your family who works, bring the following information:
  - Name, address, telephone, and facsimile numbers of the employer
  - Current rate of regular pay and overtime pay and the number of hours per week normally worked (three current pay stubs for bi-weekly pay) (three current pay stubs for weekly pay) (two pay stubs for semi-monthly pay). Pay stubs **MUST** be consecutive.
  - Information about any changes you expect in your pay or the number of hours worked during the next twelve months.
  - Other types of income you expect to receive from employment, such as tips, commissions, profit-sharing programs, etc.
  - Initial employment letter stating, start date, projected work hours per week, rate of pay and employment title.
2. Benefit and Support Income. If any member of your family receives any of the following types of income, bring name, address, and telephone number of the source of the income, and information about the amount received:

• Unemployment Compensation	• Alimony
• Social Security	• Child Support
• Supplemental Social Security	• Welfare or other Public Assistance
• Pension	• Regular support from family members or friends
• Disability Income	
3. Educational Grants and Scholarships. If any member of your family receives an educational grant or scholarship, bring information about the amount of the assistance and the purposes for which the assistance can be used. Bring the name, address, and telephone number of the institution providing the assistance.
4. Other Income. For any other type of income your family has, bring the name, address, and telephone number of the source of the income and information about the amount of the income.

5. Assets sold or given away. If you have sold or given away any assets in the past two years (such as giving a property or an amount of money to another family member), please bring information about those assets.
6. Assets. DCHA has adopted a policy whereby applicant/resident/participant families are only required to report assets if:
  - Total family assets exceed \$15,000; and/or
  - The family has total income from assets that exceeds \$1,000/month

If one or both of the above apply to you and your family, please bring the following items that document the value of your family's assets and income from assets to your interview:

Amounts in Savings and Checking Accounts (including Christmas Clubs, Certificates of Deposit, IRA and Keogh Accounts). Bring the account number for all accounts and the balance in your accounts. Bring the account number for all accounts and the balance in your accounts. Bring three (3) most recent bank statements that have been received (must be dated within the last 90 days).

Real Estate You Own. Bring information about the current value of the property. If you own property and rent it, bring the address of the property and information about how much income you receive and what expenses you have for the property. (Bring last year's Schedule E from your income tax forms).

Stocks, Bonds, Trusts, Other Investments. Bring account numbers and statements on value of investments and information about income from investments.

Life Insurance Policies. Bring the name of the company(ies), policy number(s) and contact information.



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### Application for Continued Occupancy

Date of 1 <sup>st</sup> Request: _____
Date of 2 <sup>nd</sup> Request: _____

**Type of Recertification (select one):**  Triennial  Biennial  Interim Recertification

**Program (select one):**  Public Housing  HCVP (Section 8)

**DCHA Representative Conducting Recertification (please print):** \_\_\_\_\_

**If additional room is needed to complete this form, attach additional sheets of paper.**

#### SECTION 1: GENERAL FAMILY INFORMATION (Head of Household/Other Adult Member)

Head of Household (Legal Name) «cfstname» «cmidinit» «clstname»		
Other Adult Member (If Head of Household is not Present for Interview)	Relationship to Head of Household	
Address (Current)	City, State	Zip Code
Mailing Address (If different from Current Address) «cadd1» «captno»	City, State «ccity», «cstate»	Zip Code «czip»
Home Phone#	Work Phone#	
Type of Legal Identification Presented		
If either Head of Household or Spouse is not present, why?		

#### SECTION 2: HOUSEHOLD COMPOSITION

Please list the legal names of all of the people who live with the Head of Household. Start with the Head of Household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

Fam. Mem.	Legal Names	Relation to Head	Sex (M or F)	Birth Date	Occupation or School Name	Soc. Sec. #	Birth Place (City, State)
1	«cfstname» «clstname»	Head of Household					
2							
3							
4							
5							
6							
7							

Do you expect anyone to move in or out of your household within the next twelve months?  Yes  No  
If yes, explain. \_\_\_\_\_

Have you or any other household member ever lived in public or assisted housing?  Yes  No

If yes, list where and when. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3: PROGRAM INTEGRITY INFORMATION**  
All Adult Household Members

**Program Integrity Information** (These questions apply to all adult household members).

Have you or any other household member ever used any name(s) or Social Security number(s) other than the one currently being used?  Yes  No

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

Have you or anyone in your household been arrested since your last recertification or convicted for the use, sale, manufacture or distribution of controlled substances?  Yes  No

If yes, who? When? For what? \_\_\_\_\_  
\_\_\_\_\_

Does anyone in your household currently use a controlled or illegal drug?  Yes  No

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

Has anyone in your household ever been arrested or convicted of violent criminal activity?  Yes  No

If yes, who? When? For what? \_\_\_\_\_  
\_\_\_\_\_

Are you or any member of your household subject to a State lifetime sex offender registration program in any state?  Yes  No

If yes, who? In what state(s)? \_\_\_\_\_  
\_\_\_\_\_

**FOR ECOD USE ONLY**

Sex Offender 3<sup>rd</sup> Party Check Completed for All Adult Members  Yes  No

Date Completed: \_\_\_\_\_

3<sup>rd</sup> Party Criminal Background Check Completed (if applicable)?  Yes  No

Date Completed: \_\_\_\_\_

**SECTION 4: INCOME**

List all money received or earned by everyone living in the household.

Note the employment status of all adult family members. Include all money from Employment, Self-Employment, Unemployment Compensation, Child Support, Regular Contributions, Social Security, SSI, Retirement, Disability, Workmen’s Compensation, TANF, Veterans Benefits, Rental Property Income, Stock dividends, Interest, Alimony, Annuities and all other sources. (Provide a complete explanation of “income” to applicant).

Family Member Name	Source (Employment, TANF, Child Support, Social Security/Supplemental Security, Unemployment, DC Grandparent Stipend, All Other Income)	Rate	Type of Income	Annualized Income
		\$		\$
		\$		\$
		\$		\$

		\$		\$
		\$		\$

Has anyone in your household applied for any benefits or money which is in the process of being approved?

Yes  No

If yes, explain. \_\_\_\_\_

Does anyone outside of your household pay for any of your bills or expenses?

Yes  No

Are you entitled to: Child Support?  
Alimony?  
Maintenance?

Yes  No

Yes  No

Yes  No

Do you receive child support, alimony or maintenance?

Yes  No

If yes, from who? Amount? \_\_\_\_\_

Does anyone in your household receive an educational scholarship or grant?

Yes  No

If yes, provide the following information for the member receiving the assistance:

Family Member Name	Source	Amount	Month/Semester/Year
		\$	
		\$	
		\$	

### SECTION 5: ASSETS & BANKING INFORMATION

Do you and/or any household member earn interest income from assets of more than \$1,000/month?

Yes  No

Do you and/or any household member have assets valued at more than \$15,000?

Yes  No

If you answered YES to one or both of the questions above, complete the rest of the questions in this section ("Section 5: Assets and Banking Information").

If you answered NO to both of these questions, move forward to "Section 6: Allowances and Deductions".

Do you or any household member own or have an interest in any real estate, boat and/or mobile home?

Yes  No

If yes to any, please describe. \_\_\_\_\_

Have you or a household member sold any real estate in the last two years?

Yes  No

If yes, please describe. \_\_\_\_\_

Do you or a household member own any stocks or bonds?

Yes  No

If yes to any, please describe. \_\_\_\_\_

Family Member Name	Checking or Savings (select one)	Account #	Balance	Bank Name & Address
			\$	

			\$	
			\$	
			\$	
			\$	

Do you or a household member own a car(s)?  Yes  No

Family Member Name	Tag No.	Model/Year

Do you or a household member have any additional assets, including but not limited to, Annuities, Savings Bonds, and Credit Union Shares.  Yes  No  
 if yes, please provide describe.

Family Member Name	Asset	Account #	Balance	Financial Institution Name & Address
			\$	
			\$	
			\$	
			\$	
			\$	

**SECTION 6: ALLOWANCES & DEDUCTIONS**

**Dependent**

Are there members of the household who are under 18 years of age, are persons with disabilities or are full-time students? *Dependents **DO NOT** include live-in aids, foster children, and foster adults who may be household members.*  Yes  No

If yes, please provide name(s). \_\_\_\_\_  
 \_\_\_\_\_

**Elderly Family**

Is the Head of Household, spouse or sole member 62 years old or older?  Yes  No

If yes, please provide name(s). \_\_\_\_\_  
 \_\_\_\_\_

**Disabled Family**

Is the Head of Household, spouse or sole member a person with a disability?  Yes  No

If yes, please provide name(s). \_\_\_\_\_  
 \_\_\_\_\_

What form(s) of verification of disability was provided by the household? (To be answered by DCHA staff)

\_\_\_\_\_

**Childcare Expenses**

*Unreimbursed amounts the family anticipates paying for children less than 13 years old for the period for which annual income is based.*

Do you pay childcare expenses?  Yes  No

If yes, complete the following:



Child's Name	Amount	Per (Week/Month/Year)

Is childcare necessary for the purposes of allowing a family member to be employed, to actively seek employment, or to further a family member's education?  Yes  No

If yes, provide the name(s) of the family member(s): \_\_\_\_\_  
 \_\_\_\_\_

**Disability Assistance Expenses (Elderly and Disabled Families ONLY)**

Please indicate if you have any expenses related to attendant care or auxiliary apparatus for a disabled family member that you are paying (these are expenses for which you are NOT receiving any reimbursement). Only provide information for those expenses that allow for an adult member of the family to be employed (including persons with disabilities).

Household Member Name	Amount
	\$
	\$
	\$

**Medical and Unusual Expenses**

Does any household member anticipate any medical expenses during the next 12 months that will not be reimbursed by any source outside your household? Include prescription/nonprescription drugs and any other medical costs.

Household Member Name	Type of Expense	Monthly Expense	Total Anticipated Expenses for Next 12 Months
		\$	\$
		\$	\$
		\$	\$

**Current Monthly Expenses (From preceding month)**

Type of Expense	Expense	Type of Expense	Expense	Type of Expense	Expense	Type of Expense	Expense
Rent	\$	Phone	\$	Medical	\$	Credit Card	\$
Electric	\$	Auto Payment	\$	Cable	\$	Credit Card	\$
Gas	\$	Auto Insurance	\$	Insurance	\$	Loan	\$
Water	\$	Child Care	\$	Rentals	\$	Other	\$

Do you have any other regular monthly payments besides those above?  Yes  No

If yes, specify and include the amount(s) paid: \_\_\_\_\_  
 \_\_\_\_\_

Where was the last place of employment for all adult household members?

Household Member Name	Employer (Company Name)	Supervisor	Start of Employment (Month/Year)	End of Employment (Month/Year)

**SECTION 8: EMERGENCY CONTACT INFORMATION**

Please provide the names of someone for DCHA to contact in case of an emergency,

**Primary Contact**

Name	Relationship to Head of Household
Address	
Phone Number	Alternate Phone Number

**Alternate Contact** (in case your Primary Contact is not available)

Name	Relationship to Head of Household
Address	
Phone Number	Alternate Phone Number

**SECTION 9: DECLARATION AND CERTIFICATION**

I understand that any misrepresentations of information or failure to disclose information requested on this form may disqualify me from consideration for continued participation, and may be grounds for eviction/termination of assistance. I understand that DCHA may verify the information provided herein. I also understand that all changes in income of any member of the household, as well as any changes in household composition, must be reported to the District of Columbia Housing Authority in writing immediately.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or other adult

\_\_\_\_\_  
Date

**DCHA Representative Certification: I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH THE RESIDENT/PARTICIPANT PRIOR TO THEIR SIGN-OFF.**

\_\_\_\_\_  
DCHA Representative

\_\_\_\_\_  
Date

**WARNING! False statements are a basis for rejection of your application, eviction or termination from a program and may be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.**



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Tyrone Garrett, Executive Director

## Full-Time Student Verification (College/Technical School)

This form should be completed by an administrative officer of the school. A school seal **MUST** be affixed below to certify the information provided

<b>TO:</b> _____	<b>RE:</b> _____
Educational Institution/Representative	Student
_____	_____
Address	Address
_____	_____
City/State	City/State
_____	_____
Zip	Zip
_____	_____
Phone #	Head of Household
	_____
	Property Name (if applicable)
	_____

### RELEASE OF INFORMATION

#### To be completed by the Applicant/Resident.

I hereby authorize the educational institution identified above to release the information requested directly to the District of Columbia Housing Authority.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY THE SCHOOL

The above named person is an applicant for, or participant in, a federally-assisted housing program operated by District of Columbia Housing Authority (DCHA). This person has indicated that \_\_\_\_\_

Student's Name (Please Print)

a family member, is attending your school on a full-time basis. In order to determine the rental payment for this family, we must verify the information regarding student status. Please verify this information in the space provided below and return the form to our office as soon as possible. Thank you for your assistance in this matter.

I hereby confirm that \_\_\_\_\_ (select one)  IS or  IS NOT enrolled as full-time student at this institution. **(School Seal)**

If a full-time student, please indicate the current year or level of student: \_\_\_\_\_

Student Address of record: \_\_\_\_\_

Per your records, please provide the name of the person with whom the student resides:

\_\_\_\_\_  
Name of Educational Institution Representative (Please Print) Title (Please Print) Phone #

\_\_\_\_\_  
Signature of Educational Institution Representative Date School Address

**WARNING! Title 18, Section 1001 of the U.S. Code, states that any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.**



**District of Columbia Housing Authority**

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Tyrone Garrett, Executive Director

**Full-Time Student Verification  
(Minor)**

This form should be completed by an administrative officer of the school. A school seal **MUST** be affixed below to certify the information provided.

**TO:** \_\_\_\_\_ **RE:** \_\_\_\_\_  
 Educational Institution/Representative Student 1 Date of Birth Grade \_\_\_\_\_ address  
 \_\_\_\_\_ Student 2 \_\_\_\_\_ Date of Birth Grade \_\_\_\_\_  
 \_\_\_\_\_ City/State Zip \_\_\_\_\_ Student 3 \_\_\_\_\_ Date of Birth Grade \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_ Head of Household/Parent \_\_\_\_\_  
 \_\_\_\_\_ Property Name (if applicable) \_\_\_\_\_

**RELEASE OF INFORMATION**

**To be completed by the Applicant/Resident.**

I hereby authorize the educational institution identified above to release the information requested directly to the District of Columbia Housing Authority.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE SCHOOL**

The above named person is an applicant for, or participant in, a federally-assisted housing program operated by District of Columbia Housing Authority (DCHA). This person has indicated that a family member is attending your school. In order to determine the rental payment for this family, we must verify the information regarding student status. Please verify this information in the space provided below. Thank you for your assistance in this matter.

Only provide information for those students listed above who are currently enrolled at your school/institution. Please Print.

Name of Student	Date of Birth	Grade	Full-time or Part-time	Current Address of Record

Based on your records, please provide the name of the person(s) with whom the student(s) reside. If verification of more than one student is being provided on this form, clearly indicate the student(s) to whom you are referring.: \_\_\_\_\_

***I hereby confirm that the above-named student(s) is currently enrolled at this school/institution. (Affix School Seal HERE)***

\_\_\_\_\_  
 Name of Educational Institution Representative (Please Print) Title (Please Print) Phone #

**WARNING! Title 18, Section 1001 of the U.S. Code, states that any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.**



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## Request for Termination of Employment Verification

Date of 1<sup>st</sup> Request: \_\_\_\_\_  
Date of 2<sup>nd</sup> Request: \_\_\_\_\_

**Atten:** \_\_\_\_\_ **Re:** \_\_\_\_\_

Company Contact Employee's Name

Company Name Address

Address City/State Zip

City/State Zip Social Security #

### RELEASE OF INFORMATION

#### To be completed by the Applicant/Resident.

I hereby authorize my employer to release the information requested directly to the District of Columbia Housing Authority.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY FORMER EMPLOYER

*Dear Sir/Madam:*

DCHA is required to verify, through the Employer, the end of employment for all applicants and participants of government assisted housing programs operated by the housing authority. We ask your cooperation in supplying this information. Under no circumstances should this form be filled out by the employee. Forms should be completed by the employee's supervisor, a time-keeper, a bookkeeper or an accountant.

Employee's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Other Employee ID#  
(if applicable): \_\_\_\_\_

Employee's Address (of record): \_\_\_\_\_  
Street City, State Zip

**Date employed:** \_\_\_\_\_ **Date of termination:** \_\_\_\_\_ **Last day employee actually worked:** \_\_\_\_\_

If yes, amount employee will receive \$: \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Street City, State Zip

If terminated for lack of work or other, do you anticipate re-hiring this employee?  Yes  No

If yes, when? \_\_\_\_\_

\_\_\_\_\_  
of Employer or Authorized Representative Title (Please Print) Date Signature

Phone # \_\_\_\_\_

### Please return via mail or fax to:

DCHA Representative: \_\_\_\_\_  
District of Columbia Housing Authority  
1133 North Capital Street, NE, Room \_\_\_\_\_  
Washington, DC 20002

Phone#: (202) \_\_\_\_\_

Fax#: (202) \_\_\_\_\_



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**ZERO INCOME CERTIFICATION**

**To be completed by each adult member (18 years old and older) who claims to have no income.  
Use a separate form(s) for each adult member claiming to have no income.**

Date: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_

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

Name of Occupant: \_\_\_\_\_ Social Security # \_\_\_\_\_

I certify that I am not receiving income from any source and verify that I am not:

- 1. Employed through any private or public employer \_\_\_\_\_ initials
- 2. Receiving unemployment compensation benefits \_\_\_\_\_ initials
- 3. Receiving Social Security Administration benefits \_\_\_\_\_ initials
- 4. Receiving Public Assistance (PA), or Veteran’s Benefits \_\_\_\_\_ initials
- 5. Receiving income from any source \_\_\_\_\_ initials
- 6. On maternity leave without pay \_\_\_\_\_ initials
- 7. Receiving any contributions from friends, relatives, agencies, churches, etc \_\_\_\_\_ initials

I understand that I must immediately report any changes in income and family composition. I understand that a recertification will be performed for all family members 18 years of age or older every ninety (90) days as long as the entire family is reporting that the household has no income. I understand that failure to report all family incomes is a violation of the Family Obligations under the terms of the Housing Choice Voucher Program and may lead to the termination of assistance to the family.

I certify that the above information is true and correct to the best of my knowledge.

**WARNING! False statements are a basis for rejection of your application, eviction or termination from a program and may be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.**

\_\_\_\_\_  
Occupant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**THIS FORM MUST BE NOTARIZED**

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature



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## Request for Verification of Employment Income

Date of 1 <sup>st</sup> Request:	_____
Date of 2 <sup>nd</sup> Request:	_____

Atten: Personnel Department

Re: \_\_\_\_\_

Company Name \_\_\_\_\_

Employee's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

### RELEASE OF INFORMATION

#### To be completed by the Applicant/Resident.

I hereby authorize my employer to release the information requested directly to the District of Columbia Housing Authority.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY EMPLOYER

Dear Sir/Madam:

The above-named person is applying for, or participating in, a government assisted housing program operated by the District of Columbia Housing Authority. Written verification of income is required in order to determine eligibility/continued eligibility and the amount of rent that will be paid. Under no circumstances should this form be filled out by the employee identified above. Forms should be completed by the employee's supervisor, a time-keeper, a bookkeeper or an accountant. Your prompt return of this form is appreciated.

#### Verification of Employment Income (Please complete whether currently employed or not)

1. Date employment began: \_\_\_\_\_ Occupation: \_\_\_\_\_

2. Date employment terminated: \_\_\_\_\_

3. Base pay: \$\_\_\_\_\_ per (select one):  hour  day  week  month  year

Date present rate effective \_\_\_\_\_

Average hours per week at base pay rate \_\_\_\_\_ Average weeks per year at base rate \_\_\_\_\_

Change in base rate anticipated during next 12 months to \$\_\_\_\_\_ per \_\_\_\_\_

Overtime pay: \$\_\_\_\_\_ per hour Expected overtime during next 12 months: \_\_\_\_\_ hours per week

Earnings year to date: \$ \_\_\_\_\_

Amount deducted per pay period for health insurance \$\_\_\_\_\_ per \_\_\_\_\_

Amount vacation pay \$\_\_\_\_\_ per \_\_\_\_\_

Amount sick leave pay \$\_\_\_\_\_ per \_\_\_\_\_

Total earnings past 12 months: \$\_\_\_\_\_ Base Pay: \$\_\_\_\_\_ Bonus \$\_\_\_\_\_ Overtime \$\_\_\_\_\_ Tips \$\_\_\_\_\_

If employer is landlord, is a rent reduction given?  Yes  No Amount: \$ \_\_\_\_\_

Do federal funds pay for any part of salary?  Yes  No Amount: \$ \_\_\_\_\_

If yes, provide the name of the program: \_\_\_\_\_

Previous Base Pay Rates: \$\_\_\_\_\_ Per\_\_\_\_\_ Effective Date \_\_\_\_\_  
\$\_\_\_\_\_ Per\_\_\_\_\_ Effective Date \_\_\_\_\_  
\$\_\_\_\_\_ Per\_\_\_\_\_ Effective Date \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name & Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Return to:**

Please return via mail or fax to:

DCHA Representative: \_\_\_\_\_  
District of Columbia Housing Authority, Room \_\_\_\_\_  
1133 North Capital Street, NE  
Washington, DC 20002

Phone#: (202) \_\_\_\_\_

Fax#: (202) \_\_\_\_\_





**District of Columbia Housing Authority**

1133 North Capitol Street, NE Washington, DC 20002-7599  
202-535-1000

Tyrone Garrett, Executive Director

**Verification of Child Care/Attendant Care Costs  
(Provider)**

To: \_\_\_\_\_ Re: \_\_\_\_\_  
 Provider's Name Applicant/Recipient's Name  
 \_\_\_\_\_  
 Address Address  
 \_\_\_\_\_  
 City/State Zip City/State Zip

**RELEASE OF INFORMATION**

**To be completed by the Applicant/Recipient.**  
 I hereby authorize the release of information directly to the District of Columbia Housing Authority concerning child/attendant care that I receive.  
 Applicant/Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY CHILD CARE/ATTENANDANT CARE PROVIDER**

Dear Sir/Madam:  
 The District of Columbia Housing Authority (DCHA) is a federally/locally funded agency assisting qualified families with rent subsidies. The above-named person is an applicant for, or a participant in, a DCHA housing program. In order to determine the eligibility and rental payment for the above-named person, we must verify information regarding his/her income. Thank you for your assistance in completing the information below.

I do hereby affirm that I \_\_\_\_\_ do hereby certify that I provide care for the  
 Provider's Name  
 following children/dependent persons on the following days for the hours indicated.

Name	Age	Days Cared for (Circle all that apply)	Hours (select AM or PM)	
			From	To
		M T W Th F S Su	AM/PM	AM/PM
		M T W Th F S Su	AM/PM	AM/PM
		M T W Th F S Su	AM/PM	AM/PM
		M T W Th F S Su	AM/PM	AM/PM

- I. How many hours a week is care provided for each of the following reasons that apply?  
 Work \_\_\_\_\_ Seeking Employment \_\_\_\_\_ Attending School \_\_\_\_\_
- II. TOTAL HOURS of care provided: \_\_\_\_\_per week \_\_\_\_\_per month
- III. Cost of care to the family \$ \_\_\_\_\_ Amt paid by the family \$ \_\_\_\_\_ Amt paid by other source(if applicable): \$ \_\_\_\_\_
- IV. Estimated cost of care for the upcoming 12 months (include full-time summer care of school children, if applicable): \_\_\_\_\_

Signature of Child Care Provider/Attendant Care Provider \_\_\_\_\_ Date \_\_\_\_\_

**Please return via mail or fax to:**

DCHA Representative: \_\_\_\_\_ Phone#: (202) \_\_\_\_\_  
 District of Columbia Housing Authority  
 1133 North Capitol Street, NE  
 Washington, DC 20002 Fax#: (202) \_\_\_\_\_



# District of Columbia Housing Authority

1133 North Capitol Street, NE Washington, DC 20002-7599  
202-535-1000

Tyrone Garrett, Executive Director

## Verification of Support (Contributor)

To: \_\_\_\_\_ Re: \_\_\_\_\_  
 Contributor's Name Applicant's/Participant's Name  
 \_\_\_\_\_  
 Address Address  
 \_\_\_\_\_  
 City/State Zip City/State Zip

### RELEASE OF INFORMATION

#### To be completed by the Applicant/Recipient.

I hereby authorize the release of information, concerning monetary support that I receive, directly to the District of Columbia Housing Authority.

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

Dear Sir/Madam:

### TO BE COMPLETED BY CONTRIBUTOR

The District of Columbia Housing Authority (DCHA) is a federally/locally funded agency assisting qualified families with rent subsidies. The above-named person is an applicant for, or a participant in, a DCHA operated housing program. In order to determine the eligibility and rental payment for the above-named person, we must verify information regarding his/her income. Thank you for your assistance in completing the information below.

Please complete this form as it relates to cash money contributed to this household.

I do hereby affirm that I pay the sum of \$ \_\_\_\_\_ per (select one)  week or  month to:

Applicant's/Participant's Name (please print)

I provide this sum in support of the following person(s) (please provide name and ages below). Use additional pages if necessary.

Name	Age	Name	Age

Is the support intended to be ongoing if the family is provided housing assistance by DCHA?  Yes  No

Are these payments court ordered?  Yes  No If yes, please provide copy of court order.

\_\_\_\_\_  
Name of Contributor (Please Print)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature (Contributor)

\_\_\_\_\_  
Date

**WARNING! False statements are a basis for rejection of your application, eviction or termination from a program and may be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.**

#### Return to:

Your prompt return of this form is appreciated. Please return via mail or fax to:

DCHA Representative: \_\_\_\_\_  
District of Columbia Housing Authority  
1133 North Capital Street, NE  
Washington, DC 20002

Phone#: (202) \_\_\_\_\_

Fax#: (202)

## Authorization for the Release of Information

The District of Columbia Housing Authority Client Placement Division 1133 North Capitol Street, NE Washington, DC 20002	
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**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 have 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
- PHA- Local Rent Supplement Program
- PHA -Local Assistance Program
- 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 Housing Authority 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 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 Housing Authority (DCHA) 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 three years from the date(s) of signatures.**

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

**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 (42U.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 (42U.S.C. 3601-10). The Housing and Community Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member. Purpose: Your income and other information are being collected by HUD and Housing Authority 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 the 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 released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the Housing Authority, including all Social Security Numbers of all household members which 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.

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**Penalties for Misusing this Consent**

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

Use of the information collected based on this “Authorization for the Release of Information” is restricted to the purposes cited on the release form. 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 Housing Authority or owner responsible for the unauthorized disclosure or improper use



## District of Columbia Housing Authority

1133 North Capitol Street, NE Washington, DC 20002-7599

202-535-1000

Tyrone Garrett, Executive Director

### FULL AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I/We authorize District of Columbia Housing Authority (DCHA) and its instrumentalities, subsidiaries or agents to

A. Contact, request, and receive information from any and all:

- 1) Credit reporting agencies regarding my current and past credit history and any other information that they may provide;
- 2) Law Enforcement agencies or other public agencies in or outside the District of Columbia, both federal and local, with respect to any criminal background information;
- 3) Health Care providers or professionals for whom you have provided to us the names and contact information to obtain verification of any disability, including mobility impairments, and the need for special physical features for the provision of housing or other accommodations;
- 4) Income or asset sources or repositories or agencies collecting information on personal income or assets; and

B. To copy or otherwise share any and all information provided by me or adult members of my household as part of my public housing or Housing Choice Voucher Program application process or in connection therewith, or obtained by DCHA from other agencies or individuals as authorized in paragraph A above, with any third party management company managing affordable housing units subsidized by DCHA or with any office or instrumentality of DCHA where my application may be sent because there is or is anticipated to be a subsidized unit available for occupancy under the management of such third party company or office or instrumentality of DCHA.

C. I hereby acknowledge that I have had the opportunity to read this release carefully and ask any questions about the nature and implications of signing this release, and hereby execute the release without any reservations.

Signatures:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number (if any) of Head of Household

\_\_\_\_\_  
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

