



LOCAL HOUSING VOUCHER SUPPLEMENT

Follow the steps below to apply for a locally funded housing voucher in DC, also known as the Local Rent Supplement Program (LRSP).

STEP 1: COMPLETE AND SIGN EACH OF THESE FORMS.

Enclosed

CORE APPLICATION

Everyone applying for a housing voucher should fill out the [core application](#) with contact information, household members, income, and more as needed. The applicant must sign.

Page 2

PERMANENT HOUSING PROGRAM INFORMATION RELEASE

Review how the DC agencies offering locally funded vouchers will use and share data about you and other people listed on this application. All adult household members must sign.

Page 3 - 4

AUTHORIZATION FOR RELEASE OF INFORMATION/PRIVACY ACT NOTICE

Review the income information HUD and DCHA may receive to check your eligibility and determine your rent payment. All adult household members must sign.

Page 5

STEP 2: GATHER YOUR DOCUMENTS TO SUBMIT WITH YOUR APPLICATION.

Use the document guide to make sure you have everything you need. If you can't easily get the documents you need, use verification forms instead. You may need to ask someone else—like an employer or school—to fill out a verification.

STEP 3: SUBMIT YOUR APPLICATION.

If you're applying with a case manager, they will submit your application for you.

If you're applying without a case manager, you can submit your application by:

Email applicant@dchousing.org

Mail DC Housing Authority, 300 7th St SW, 10th floor, Washington, DC 20024

Drop off Customer Service Center, 625 D Street SW, Washington, DC 20024 (M-F, 9am to 4pm)

WHAT HAPPENS AFTER I APPLY?

DCHA will review your application. You can **speak to your case manager or call 202-535-1000 to get an update** on our progress. We will let you know the result of our review or if we need more information by mail, phone, text, or email. **If you are determined eligible**, DCHA will let you know the next steps. **If you're not determined eligible**, DCHA will let you know why and what you can do next.

PROVIDER USE ONLY

Applicant HMIS ID - *if they have one*

Program:

choose all that apply

PSH TAH

Tenant-based

Site-based ([referral](#))



PERMANENT HOUSING PROGRAM INFORMATION RELEASE

This document details how DC Government agencies offering permanent housing programs—collectively, “we”—use, protect, and share your information in connection with this application, your voucher, or your subsidy. This release is required in addition to core application part 7.

KNOW YOUR RIGHTS.

The Homelessness Services Reform Act protects your and your household’s personal, social, legal, financial, educational, and medical records. Learn more: code.dccouncil.gov/uris/dc/council/code/sections/4-754.11

HOW WE USE YOUR INFORMATION

This release covers the information you provided as part of the application and your documents, including, but not limited to, any personally identifying information, such as name, date of birth, social security numbers, household information, race, employment, sex, public benefits, lease, and rental information. We will use your information to:

- **provide services to you,**
- **reach out to you** for additional information via email, mail, text, or phone call,
- **answer your questions,** and
- **improve our services** by analyzing how they are used.

We will treat your information as confidential and protected information, whether we receive it from you or any other source. We will only use it for the purposes described above.

AND HOW WE WON'T

We will *not* share your information with advertisers or law enforcement, unless required to do so by law. We also will *not* share health information or other medical records protected by federal law. Learn more: hhs.gov/hipaa/for-professionals/privacy

HOW WE SHARE YOUR INFORMATION

We may share your information with the **DC Housing Authority, landlords,** and/or **homeless service providers** in connection with this application, your voucher, or subsidy.

SIGNATURE

All adult (18+) household members must sign below. An adult (18+) must sign on behalf of any children under 18 in the household.

By signing below, I agree to the following statements:

- I have reviewed this release or someone has verbally explained it to me.
- I allow the DC Department of Human Services (DHS), the DC Department of Behavioral Health (DBH), or another DC agency administering my voucher or subsidy to use and share my information in the ways stated above.
- I understand that my authorization is valid while I am receiving homelessness services from DHS. If I leave the program, my authorization will automatically be revoked.
- I am at least 18 years of age or older, or I am signing on behalf of a minor child as the child's parent or legal guardian.

Signature* Date* month/day/year

Signature – or print child’s name Date - month/day/year

Signature – or print child’s name Date month/day/year

Signature – or print child’s name Date - month/day/year

Signature – or print child’s name Date month/day/year

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Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

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

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

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

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

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

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

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household’s income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



DOCUMENTS YOU NEED TO SHOW US TO VERIFY YOUR INFORMATION

Submit scans, screenshots, pictures, or copies. Keep the originals.

1. CATEGORY	2. WHO NEEDS THIS?	3. WHAT DOCUMENTS CAN I SUBMIT?	4. I'M MISSING DOCUMENTS.
<p><i>Asterisks (*) mark categories that are always required. You can skip any others that don't apply to your household.</i></p> <p><i>Submit one document from each row for each household member or income source.</i></p> <p><i>If you can't get what's listed in column 3, use a verification form.</i></p>			
DC residency*	You	<ul style="list-style-type: none"> ○ Government-issued ID with DC address issued at least 6 months ago; OR ○ One of the following that show you've lived in DC for at least 6 of the last 12 months: <ul style="list-style-type: none"> ○ Paystubs ○ Bank statements ○ Tax records ○ Benefits records ○ A lease 	DC Residency Verification
Identity*	All adults (18+) in your household	Government-issued photo ID (unexpired)	Self-certification AND current photo
Age*	Everyone in your household of any age	<ul style="list-style-type: none"> ○ Birth certificate; ○ Baptismal certificate; OR ○ Government-issued ID or document with name and date of birth 	Self-certification
Social security number (SSN)	Everyone in your household who has an SSN	<ul style="list-style-type: none"> ○ Social security card; ○ Letter from Social Security Administration (SSA) stating that you have an SSN; OR ○ SSA benefit award letter 	Self-certification
Student status	Adult (18+) full-time students in your household	Enrollment letter for current or next school year	School Verification (adults 18+)
Dependent status	Children (under 18) in your household enrolled in kindergarten through 12 th grade	<ul style="list-style-type: none"> ○ Enrollment letter for current or next school year with child's and guardian's names; ○ Court-ordered custody arrangements; OR ○ Records of benefits received for dependent 	<ul style="list-style-type: none"> ○ Self-certification; OR ○ School Verification (K-12)
Employment income	Adults (18+) in your household working for money, including informal or odd jobs	<ul style="list-style-type: none"> ○ Employment letter with start date, expected weekly hours, pay, and job title; OR ○ Most recent paystubs covering 6 weeks 	<ul style="list-style-type: none"> ○ Self-employment Statement; ○ Employer Verification; OR ○ Self-certification
Non-employment income	Household members of any age receiving: <ul style="list-style-type: none"> ○ TANF ○ Pension ○ Alimony ○ Scholarships ○ Child support ○ Unemployment ○ Disability income ○ Social security / SSI ○ Any other regular money you receive 	<ul style="list-style-type: none"> ○ Most recent benefit letter; ○ Most recent monthly or quarterly statement; ○ Court-issued child support history; OR ○ Award letter with the name and contact information for the institution and amount 	<ul style="list-style-type: none"> ○ Monetary Contributor Verification; OR ○ Self-certification
No income	Adult(s) (18+) with no income from any source	None	Zero Income Statement (notarized)