



Por favor, solicite ayuda si el inglés es difícil

如果英语困难, 请寻求帮助。

Молим те замоли за помож ако је енглески тењак

Xin hãy yêu cầu giúp đỡ nếu tiếng Anh khó

صعبه الانجليزيه اللغة كانت إذا المساعدة طلب الرجاء

Annual Recertification for Continued Eligibility

Instructions: Please complete this form and return via email to: S8Participant@phoenix.gov by: DATE.

Head of Household Name	Last 4 digits of SSN		
E-Mail Address	Phone Number	Does this phone number accept texts?	Yes
			No

In the following section, list the income for each person in the household Income includes wages, self-employment, business income, unemployment, SS/SSI, worker's compensation, TANF/DES, Pension, Retirement, Annuities, Trust income, foster care, adoption, etc.

Name Last, First, Middle Initial	Date of Birth	Source of income	Amount Received	Frequency received (annually; every other week; twice a month)
1.				
2.				
3.				
4.				
5.				

Is anyone in your household receiving **child support payments**? YES NO

If YES, Monthly Amount: _____

Is anyone in your household **disabled**? YES NO

If YES, please list their name(s): _____

Does anyone outside your household regularly pay any of your bills or **contribute money** to help pay for household expenses? If YES, provide name & contact information:

YES NO

Name: _____ Email: _____ Phone: _____

Have you or has any family member of your household been convicted of a crime in the last twelve months? (misdemeanors, felonies, etc.)? YES NO If YES, who? _____

STUDENT INFORMATION - Is anyone currently a student and is 18 years or older?

YES – Complete this section

NO – Move to the next section

Name of Household Member	Name & Address of School	List all Financial Aid Received

BANK ACCOUNTS / OTHER ASSETS Does anyone in your household have assets greater than \$5,000

YES – Complete this section

NO – Move to the next section

Name of Household Member	Type of asset (Checking, savings, IRA, house, trusts, etc.)	Current Value	Interest Rate (if left blank, standard rate will be applied)	Name of Financial Institution/Bank
		\$		
		\$		
		\$		
Have you cashed in an asset in the past 60 days? If YES, how much did you receive? \$ _____				<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you sold an asset/property in the last two years? If YES, please provide details.				<input type="checkbox"/> YES <input type="checkbox"/> NO
REASONABLE ACCOMMODATIONS - Does anyone in the household require a NEW reasonable accommodation? <input type="checkbox"/> YES – You must request additional forms to request assistance <input type="checkbox"/> NO – Move to the next section				
CHILDCARE DEDUCTION - Do you pay out of pocket expenses for childcare (for child 12 years old or younger) and anticipate the expense to continue over the next 12 months? <input type="checkbox"/> YES – Complete this section <input type="checkbox"/> NO – Move to the next section				
Provider	Provider Address	Provider Phone	Amount Paid Monthly	
			\$	
			\$	
			\$	
MEDICAL EXPENSE DEDUCTION (ELDERLY AND DISABLED HOUSEHOLDS ONLY) Does any qualifying member of your household have out-of-pocket medical expenses on a regular basis? <input type="checkbox"/> YES – Complete this section <input type="checkbox"/> NO – Move to the next section				
Name of Member	Expense Type (Co-pay, Rx etc.)	Payments Made To	Amount Paid Monthly	Doctor/Prescriber
			\$	
			\$	
			\$	

CERTIFICATION: I/We understand all changes to my household composition, decreases in income expected to last more than 30 days or other circumstances that occur after I/we complete this form must be reported in writing to Arizona Quadel, on behalf of the City of Phoenix Housing Choice Voucher Program (COP HCV) within 10 business days of the change. I/We understand my eligibility for housing depends on my household's full completion of this form as verified by COP HCV. I/We certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the HCV program.

Head of Household Signature _____

Date _____

Co-Head of Household Signature _____

Date _____

Other Adult Member Signature _____

Date _____

Other Adult Member Signature _____

Date _____



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

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

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

**City of Phoenix Housing Department
Section 8 Housing Division
830 E Jefferson Street
Phoenix, AZ 85034**

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

N/A

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 for 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 HA's 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.

Source 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(I)(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 the 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 HA's 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.