

**Ocala Housing Authority
1629 NW 4th Street
PO Box 2468
Ocala, FL 34478-2468
(352) 369-2636
TDD 1-800-545-1833 EXT 507
Fax (352) 369-2642**

Key Receipt

I, _____, received an apartment key
On _____, a laundry room key (if applicable) on _____
and a mailbox key on _____. I understand that I am responsible
for my keys. I also understand that I will be charged \$7.50 for the replacement of
each key and if I need to have the locks changed there will be an additional
charge. I will contact the Ocala Housing Authority within twenty-four (24) hours
if any of these keys do not work properly.

Resident Name:

Resident Address:

Signature

OHA Representative

Date:

Ocala Housing Authority
Application for Continuing Eligibility
OPEN MARKET
NEW ADMISSIONS

Head of Household (H of H)	Date of Birth	Social Security Number
Marital Status <input type="checkbox"/> Married Date Married _____ Spouse's name _____ <input type="checkbox"/> Separated Separation Date _____ Spouse's name _____ Is it a legal separation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Divorced Date Divorced _____ Spouse's or Ex Spouse's Name _____ Must provide a copy of divorce decree, marriage license and/or separation agreement		
Home Telephone Number	Work Number	Message Telephone Number
Physical Address		Mailing Address or PO Box
Name of nearest relative or friend not living with you	Address	Phone Number
Drivers License Number		Email address
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants		
Amount \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Amount \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Amount \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Do you or anyone in your household receive Food Stamps? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____ (Receiving Food Stamps DOES NOT increase your portion of rent)		
Name of Employer or Source of Income		Date Employment Began
Address of Employer		Phone Number of Employer
Drivers License Number		
Spouse/Co Head		Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$		

Name of Employer	
Address of Employer	Phone Number of Employer

LIST ALL OTHER FAMILY MEMBERS THAT LIVE IN YOUR HOUSEHOLD
(If additional space is needed please attach all information for additional family members)

1. Name				
Relationship	Sex	Age	Date of Birth	Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
Employer or source of income		Address of Employer		Phone Number
Is this family member a full time student?			Name of school	
Has this child tested positive for elevated blood levels for lead paint poisoning?				
Name(s) of non-custodial parent(s)			Child Support Case Number	

2. Name				
Relationship	Sex	Age	Date of Birth	Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
Employer or source of income		Address of Employer		Phone Number
Is this family member a full time student?			Name of school	
Has this child tested positive for elevated blood levels for lead paint poisoning?				
Name(s) of non-custodial parent(s)			Child Support Case Number	

3. Name				
Relationship	Sex	Age	Date of Birth	Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants\				
Employer or source of income		Address of Employer		Phone Number

Is this family member a full time student?			Name of school		
Has this child tested positive for elevated blood levels for lead paint poisoning?					
Name(s) of non-custodial parent(s)					
<i>(If additional space is needed please attach a separate sheet with all information for additional family members)</i>					
4. Name					
Relationship		Sex	Age	Date of Birth	Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No If yes type: <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants					
Employer or source of income		Address of Employer		Phone Number	
Is this family member a full time student?			Name of school		
Has this child tested positive for elevated blood levels for lead paint poisoning?					
Name(s) of non-custodial parent(s)			Child Support Case Number		
5. Name					
Relationship		Sex	Age	Date of Birth	Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No If yes type: <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants					
Employer or source of income		Address of Employer		Phone Number	
Is this family member a full time student?			Name of school		
Has this child tested positive for elevated blood levels for lead paint poisoning?					
Name(s) of non-custodial parent(s)			Child Support Case Number		
6. Name					
Relationship		Sex	Age	Date of Birth	Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No If yes type: <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants					

Name of Employer or source of income	Address of Employer	Phone Number
Is this family member a full time student?	Name of school	
Has this child tested positive for elevated blood levels for lead paint poisoning?		
Name(s) of non-custodial parent(s)	Child Support Case Number	
CHILDCARE INFORMATION		
Do you pay for childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount paid for childcare \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly		
Are you reimbursed childcare expenses from an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and address of Daycare facility:		
Telephone #		
CHILD SUPPORT INFORMATION		
Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child support court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of child(ren) you receive child support for:		
Amount of child support \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly		
ALIMONY INFORMATION		
Do you or any of your family members receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the alimony court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ASSET INFORMATION and ADDITIONAL INCOME INFORMATION		
Do you or any household member have a checking or savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Financial Institution		
Address of Financial Institution		
Checking/Savings Account Number	Checking/Savings Account Balance	
Life Insurance Policy Yes No	Cash Value	
Company Name		

Do you or any of your family members own any of the following:

Interest in Real Estate, Property or Land Yes No

Stocks or Bonds Yes No

Dividends or Annuities Yes No

Trust Funds or Money Market Accounts Yes No

Retirement Account (401, Keogh, IRA) Yes No

Inheritance, Lump Sum Payments Yes No

Special pay to a family member in the Armed Forces? Yes No **If yes explain**

Are you or any of your family members receiving income from your participation in a State or local employment training program? Yes No **If yes, name** _____

Are you or any of your family members receiving any financial assistance paid to you or to an educational institution? Yes No **If yes, name** _____

Are you or any of your family members receiving income from a HUD funded program?
 Yes No **If yes, name** _____

Are you or any of your family members receiving resident service stipend?
 Yes No **If yes, name** _____

Are you or any of your family members receiving adoption subsidy or payments for the care of foster children or foster adults? Yes No **If yes, name** _____

Is the Head of Household or any member of the household subject to a lifetime state sex offender registration program? _____

If yes who _____

Where _____

When _____

Have you or any other family member used any other names previously? Yes No **If yes, please list all former names and respective dates used.** _____

Are you currently living in a car, on the street, or another place not meant for human habitation?
 Yes No

Are you currently living in an emergency shelter, transitional housing, Safe Haven or a hotel/motel paid for by a charitable organization or by federal, state or local government programs for low income individuals? Yes No

Are you exiting an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less? Yes No **If so, were you living in an emergency shelter or place not meant for human habitation immediately before entering that institution?** Yes No

Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made you afraid to return to your primary nighttime residence? Yes No If yes, do you currently have nowhere else to live and also lack the resources or support networks, including family, friends, faith-based or other social networks, to obtain other permanent housing? Yes No

Warning: Section 1001 of title 18 of the United State code makes it a Criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matters within its jurisdiction.

Signature of Head of Household

Date

Signature of Spouse/Co-Head

Date



EQUAL HOUSING
OPPORTUNITY

Revised 7/2013

Ocala Housing Authority

1629 NW 4th Street
P.O. Box 2468
Ocala, Florida 34478-2468

Telephone: 352-369-2636
Fax: 352-369-2642
TDD 1-800-545-1833 ext.507

AUTHORIZATION TO RELEASE INFORMATION

The Ocala Housing Authority is required by federal regulations to verify the income and credit of all family members applying for admission or participating in our rental programs. To comply with this requirement, we ask your cooperation in providing the information requested regarding the referenced family member(s). This information is used only in determining eligibility status and the family's portion of rent

Your prompt return of the attached Income Verification form is greatly appreciated. For your convenience I have enclosed a self-addressed stamped envelope. Should you have any questions, you may contact our office at the above number.

AUTHORIZED TO RELEASE INFORMATION

I, hereby, authorize the release of the requested information by the following applicable agencies and/or person: Employer, Social Security Administration, Child Support Payer, Department of Children and Families, Child Care Provider, Credit Bureau, school records and utility companies.

I, hereby, authorize the release of a criminal background check to the Ocala Housing Authority on my behalf and for anyone in my household who is 18 years of age or older and who has also signed this release form.

I also authorize the Ocala Housing Authority to request and obtain from the Internal Revenue Service regarding my unearned and earned income (i.e., W-2 wages, interest, social security and dividends). This disclosure is needed to verify the accuracy of the information which I have provided to this agency. This consent form authorizes release of this information for my account for the last three (3) tax years and will be sufficient to use in lieu of my signature on IRS Form 4506T.

This consent form expires five (5) years after the date of signature.

NAME OF FAMILY MEMBERS

List the name and social security number for each family member.

Head of Household _____, ss# _____ - ____ - _____
Co-Head: _____, ss# _____ - ____ - _____
Other Adult: _____, ss# _____ - ____ - _____
Dependent: _____, ss# _____ - ____ - _____
Dependent: _____, ss# _____ - ____ - _____
Dependent: _____, ss# _____ - ____ - _____
Dependent: _____, ss# _____ - ____ - _____

Signature of Head of Household

Date

Signature of Co-Head

Date

Other Adult

Date

Other Adult

Date

**OCALA HOUSING AUTHORITY
CERTIFICATION FOR DIVESTITURE OF ASSETS**

I hereby certify that during the two (2) years (24 months) period preceding the effective date of my certification or recertification of eligibility for program participation, I HAVE NOT disposed of assets for less than fair market value.

I HAVE disposed of assets for less than fair market value within the two (2) year period preceding the effective date of my certification or recertification.

If you have disposed of asset(s), please explain below; ASSET(S), VALUE OF THE ASSET(S), AND AMOUNT RECEIVED FOR THE ASSET(S):

I HAVE BEEN MADE AWARE OF THE PROVISIONS OF SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE. I UNDERSTAND THAT IT IS A CRIMINAL OFFENSE, PUNISHABLE BY \$10,000.00 FINE OR TEN (10) YEARS OF IMPRISONMENT OR BOTH, TO MAKE A WILLFUL STATEMENT OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

Signature of Head of Household

Date

Signature of Co-Head

Date

Other Adult

Date

EQUAL OPPORTUNITY EMPLOYER/EQUAL OPPORTUNITY HOUSING

DISPO 3/12

EMERGENCY CONTACT

IN CASE OF EMERGENCY PLEASE CONTACT THE FOLLOWING

Name
Address
City, State and Zip Code:
Telephone Number:
Relationship:

Name
Address
City, State and Zip Code:
Telephone Number:
Relationship:

Name
Address
City, State and Zip Code:
Telephone Number:
Relationship:

PLEASE KEEP THIS INFORMATION UPDATED IF THERE ARE ANY CHANGES

OCALA HOUSING AUTHORITY

FRAUD STATEMENT

Initial

Chapter 414.39 of Florida Statutes makes it a crime, punishable by fine from both \$50.00 to \$5,000.00, or imprisonment for up to five (5) years, or both, if a housing applicant or resident deliberately makes false statements about his/her income or fails to disclose a material fact affecting income and rent.

Section 1001 of Title 18 of the United States Code also makes it a crime punishable by fine up to \$10,000.00, or imprisonment up to five (5) years, or both for making any false, fictitious or fraudulent statement or representation making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant or a resident, knowingly gives the Ocala Housing Authority (OHA) false information about your income, or fail to report changes in your family composition (family size) or income, in writing within thirty (30) days of the change, to your Section 8 Housing Counselor (Section 8 Program) or your Public Housing Manager (Public Housing), or failure to report to the Ocala Housing Authority representative for any programs administered by the Ocala Housing Authority you may be charged with fraud under Chapter 414.39 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to the OHA, you receive any rental assistance or lower rent to which you are not entitled, you will be subject to local, state, and federal prosecution. THIS COULD RESULT IN FINE IMPRISONMENT OR BOTH AS WELL AS THE LOSS OF YOUR ELIGIBILITY FOR THIS AGENCY'S HOUSING PROGRAM.

I have read the above statement or had it read or explained to me. I also understand the consequences of not correctly reporting my income, household size, or any other requirement of the Ocala Housing Authority.

_____ Signature of Head of Household	_____ Date
_____ Signature of Co-Head	_____ Date
_____ Signature of Other Adult	_____ Date
_____ Signature of OHA Representative	_____ Date

EQUAL OPPORTUNITY EMPLOYER/EQUAL OPPORTUNITY HOUSING

FRAUD/Revised 10/18



Ocala Housing Authority

Housing Counseling Program Client Disclosure Form

Ocala Housing Authority (OHA) provides housing counseling to anyone, regardless of income and at no charge to you. The Ocala Housing became a HUD Certified Housing Counseling Agency in August 2000. The OHA provides both 1-on-1 and group counseling sessions, covering everything from rental counseling, intensive homebuyer education, both pre and post purchase as well as delinquency counseling as it pertains to rental and mortgages. The OHA Housing Counselors will work with those seeking counseling services to develop action plans and set goals to realizing their dream of affordable safe and decent housing.

Mortgage/Rental Counseling:

Housing Counselors working with renters can:

- Provide information and education about housing resources and renters/mortgagees responsibilities.
- Provide financial planning tools to resolve housing problems, including:
 - Developing a budget and monthly spending plan;
 - Prioritizing spending for housing stability;
 - Identify other agencies that maybe able to assist with other needed services
 - Helping identify solutions for maintaining necessary utilities

The counselor may help analyze my/our financial and credit situation, identify barriers to affordable mortgage financing and other housing problems and develop a plan to remove barriers. The counselor may also provide assistance in debt management and help me/us prepare a monthly manageable budget and spending plan. I/We understand that it will not be the responsibility of the counselor to “fix” the problem, but rather to provide guidance and education which may enable me/us to resolve my/our personal financial challenges.

Purpose: I/We understand that the purpose of the OHA ‘s housing counseling program is to provide 1-on-1 or group counseling to help customers with their housing needs at no cost to me/us.

Applicants Signature: _____ Date: _____

Co- Applicants Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

Housing Counselor Signature: _____ Date: _____

- This form expires 15 months from the date signed.



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. 07/31/2021

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

OCALA HOUSING AUTHORITY
1629 NW 4TH STREET
PO BOX 2468
OCALA, FL 32709-2468

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.

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.

RADON GAS DISCLOSURE



Pursuant to Section 404.056(8) Florida Statutes, you are hereby notified as follows:

Radon Gas is a naturally occurring radioactive gas that when it has been accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it overtime. Levels of Radon that exceed federal and state guidelines have been found in buildings in Florida.

Additional information regarding Radon and Radon testing may be obtained from your county public health unit.

Tenant's Signature:
Date:
Landlord's Signature:
Date:

