

HOUSING AUTHORITY OF THE CITY OF FREDERICK

AFFIDAVIT FOR SUBSIDIZED ASSISTANCE BENEFITS

209 Madison Street, Frederick, MD 21701

Ayesha Johnson – (240) 578-0165

Short-Term Rent, Mortgage, and Utility Assistance (STRMU) Application

Please complete all sections of this affidavit and ANSWER all questions. The answers provided on this affidavit are utilized to determine your eligibility for STRMU. **DO NOT leave any questions blank.** If a question does not apply, write “NO”. If you do not understand a question, you may ask your coordinator for an explanation.

WARNING: Making false statements on this affidavit is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.

| Eligible Individual | | |
|--------------------------|--------------|--------------------------|
| Last Name | First Name | Home Phone Number () |
| Street Address Number | Apt | Cell Phone Number () |
| City | Zip Code | Email Address |
| Emergency Contact Name | Relationship | Phone Number |

| FAMILY HOUSEHOLD COMPOSITION | | | | | | | | |
|--|-----|----------------------|--------------------------------------|---|-----------|-----------------|-----------------------|------------------------|
| List ALL people living in your home. List the Head of Household first followed by spouse/co-head then oldest to youngest household members | | | | | | | | |
| Full Name (Exactly as appears on Social Security card) | Age | Birthdate mm/dd/y | Relationship to Head of Household | Sex: Male/Female/ Transgender: Male to Female/ Transgender: Female to Male | * Race | ** Ethnicity | *** Marital Status | Social Security number |
| 1) | | | SELF | | | | | |
| 2) | | | | | | | | |
| 3) | | | | | | | | |
| 4) | | | | | | | | |
| 5) | | | | | | | | |
| 6) | | | | | | | | |
| 7) | | | | | | | | |
| 8) | | | | | | | | |

*Race: 1 = White, 2 = Black, 3 = American Indian or Alaskan Native, 4 = Asian/Pacific Islander

**Ethnicity: 1 = Hispanic, 2 = Not Hispanic

***Marital Status: S = Single, M = Married, SE = Separated, D = Divorced

Rental Assistance

| Landlord/Property Name | Complete Address (To include City and State) | Current Balance (including any delinquent amount and late fees) | Amount Requested | Date Due |
|----------------------------|---|--|------------------|----------|
| Telephone Number: _____ | | | | |

Have you received rental assistance in the past? If so, when? _____

UTILITY ASSISTANCE

Requested services assistance/ Company name:
 ___ Electric: _____
 ___ Gas: _____
 ___ Other: _____

| Utility Name & Complete Address (To include City and State) | Account Number | Current Balance (including any delinquent amount and late fees) | Amount Requested | DATE of cut off _____ |
|--|----------------|--|------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

MORTGAGE ASSISTANCE

| Financial Institution | Name on Deed/Address (To include City and State) | Current Balance (including any delinquent amount and late fees) | Amount Requested | Date Due |
|-------------------------------------|---|--|------------------|----------|
| Telephone Number: _____ _____ | | | | |

Please write a narrative about the client's situation and the impact of the assistance. Be sure to include any case management or referrals you provided to the client and steps the client will take to increase their income and reduce their expenses.
(Note: This information will be shared with staff of HACF and DHMH.)

By signing below, I am certifying the information given above is true and correct to the best of my knowledge, and I understand if any of the information was fraudulently given I may be denied program assistance.

Client Name (please print)

Client Signature

Date

Client's Case Manager

Date

SECTION I – HOUSEHOLD INCOME

Please answer each question below. You **MUST** disclose **ALL** sources of income for **ALL** people residing in your household.

| A. SSI / PENSION / OTHER BENEFITS | | | YES/NO |
|---|-----------------------|---------------------------------|---------------|
| Do you or any household member(s) receive Social Security/SSI benefits ? | | | |
| Do you or any household member(s) receive pension, retirement benefits, or an annuity ? | | | |
| Do you or any household member(s) receive unemployment benefits or disability benefits ? | | | |
| Name of Household Member | Monthly/weekly amount | Name & Address of Agency/Office | |
| | | | |
| | | | |
| | | | |
| | | | |

| B. EMPLOYMENT | | | YES/NO |
|---|-------------------|------------------------------|---------------|
| Do you or any household member(s) receive full/part-time job earnings or severance pay ? | | | |
| Do you or any household member(s) receive cash, tips, or bonuses ? | | | |
| Do you or any household member(s) receive military or reserve pay ? | | | |
| Are you or any household member(s) self-employed ? | | | |
| Do you or any household member receive income from ANY other source not listed above? If yes, list below | | | |
| Name of Household Member | Monthly Gross Pay | Name and Address of Employer | Start date |
| | | | |
| | | | |
| | | | |

| C. PUBLIC ASSISTANCE BENEFITS | | | YES/NO |
|--|----------------|--------------------------------------|--------|
| Do you or any household member(s) receive cash aid, welfare, food stamps, or other public assistance? | | | |
| Do you or any household member(s) receive adoption or foster care payments? | | | |
| Do you or any household member(s) receive in-home care for another person? | | | |
| Name of Household Member | Monthly Amount | Type of Benefit – Case Worker's Name | |
| | | | |
| | | | |

| D. CHILD SUPPORT OR ALIMONY BENEFIT(S) | | | | YES/NO |
|--|--|--|--|--------|
| Do you or any household member(s) have an open child support case with a court? | | | | |
| Do you or any household member(s) receive child support office payments? | | | | |
| Do you or any household member(s) receive child support /alimony directly from an absent? | | | | |
| | | | | |
| | | | | |
| | | | | |

| E. CONTRIBUTIONS | | | YES/NO |
|---|--|--|--------|
| Does anyone outside your household give you money or pay your bills(s) for you? | | | |
| Does anyone outside your household buy you supplies such as groceries, etc.? | | | |
| Does any organization help you pay a bill or expense? | | | |
| If you answered yes, please explain in detail and provide (Name & Complete Address): | | | |
| | | | |

| Current Housing Status | Check One | Current Housing Status | Check One |
|---|-----------|----------------------------------|-----------|
| Street/Vehicle/Abandoned Building | | Hospital (Not Psychiatric) | |
| Emergency Shelter | | Substance Abuse Treatment Center | |
| Transitional Housing for Homeless | | Jail/Prison/Juvenile Detention | |
| Staying with Someone Else/family/friend | | Rented Room/Apartment/House | |
| Hotel or Motel Paid Without Assistance | | House Owned by Client | |
| Foster Care Home | | Other | |
| Shelter Plus Care/SRO | | | |

SECTION II – ASSETS

Please answer each question below. If you answer “YES” please fill out information below for the household member(s) with that asset(s).

| A. ACCOUNT INFORMATION | YES/NO |
|---|--------------------------|
| Do you or any household member(s) have a savings or checking account ? | <input type="checkbox"/> |
| Do you or any household member(s) have stocks, bonds or certificate of deposit (CD) ? | <input type="checkbox"/> |
| Do you or any household member(s) have a money market fund/trust fund ? | <input type="checkbox"/> |
| Do you or any household member(s) have a retirement, 401K, federal thrift savings plan (TSP), IRA or Keogh account ? | <input type="checkbox"/> |

| B. PROPERTY | YES/NO | |
|---|--------------------------|--------------|
| Do you or anyone in your household own or have an interest in commercial or residential real estate or mobile home? | <input type="checkbox"/> | |
| Name of Household member | Type of Asset | Value |
| | | |
| | | |

SECTION III – EXPENSES

Please answer each question below. If you answer “YES” please fill out information below for the household member(s) with that expense

| A. CHILD CARE EXPENSES | YES/NO | | |
|--|--------------------------------|--|--|
| Do you pay childcare for a child 12 and under to go to work or to school? | <input type="checkbox"/> | | |
| Do you pay for care equipment for a household member with a disability for you to go to work? | <input type="checkbox"/> | | |
| If yes , is the childcare expense paid for by an agency or by another person outside of your household? | <input type="checkbox"/> | | |
| Name of Child or Disable Member | Monthly Child Care Cost | Child Care Provider Full Name & Address | Name of Agency (if paid by an agency) |
| | | | |
| | | | |

| B. MEDICAL EXPENSES | YES/NO |
|--|--------------------------|
| Does any household member(s) anticipate having out of pocket medical expenses in the next 12 months? | <input type="checkbox"/> |
| If yes, indicate name of household member(s), name/address of medical provider(s), and expected expense(s): | |
| | |

C. HOUSEHOLD EXPENSES

- List the **MONTHLY** average amount **ALL** household members pay for each of the following categories
- If the expense does not apply to you write **NO** or **NONE**. **Do not leave any space blank.**

| | | | | | |
|----------------|----|-----------------------|----|-------------------------|----|
| Rent | \$ | Car payment | \$ | Loan payment | \$ |
| Gas | \$ | Gasoline for car | \$ | Credit cards | \$ |
| Electricity | \$ | Car insurance | \$ | Life insurance | \$ |
| Water & Sewer | \$ | Car maintenance | \$ | Medical bills | \$ |
| Trash | \$ | Public transportation | \$ | Medical insurance | \$ |
| Cable/Internet | \$ | Childcare | \$ | Groceries/Food | \$ |
| Telephone | \$ | Cell phone | \$ | Other/Personal Spending | \$ |

| | |
|-------------------------------|----|
| TOTAL MONTHLY EXPENSES | \$ |
|-------------------------------|----|

SECTION IV – SUPPLEMENTAL INFORMATION

Please answer each question below. If you answer “YES” please fill out information below for that household member(s).

| | |
|--|--|
| 1) Are you or anyone in your household subject o registration as a sex offender? | |
| If yes, list name of registrant and complete address where currently registered: | |
| | |
| 2) Have you or anyone in your household ever used any name(s) or Social Security number(s) other than the one you currently use or issued by the Social Security Administration? | |
| If yes, please give name(s) and/or Social Security number(s): | |
| | |
| 3) Have you ever received or lived in any other assisted housing elsewhere? | |
| If yes, list in detail date(s) and location(s): | |
| | |
| 4) Have you or anyone in your household ever committed fraud while receiving Federally Assisted Housing or been required to repay money for misrepresenting information on such program? | |
| If yes, list date and all details: | |
| | |

SECTION V – CERTIFICATION OF AFFIDAVIT

I/We have received, read, and understood a copy of the Statement of Family Obligations. I/We hereby certify that I/we understand my/our responsibilities to the Housing Authority of the City of Frederick and I/we further acknowledge and understand that my/our housing assistance may be terminated and/or face criminal prosecution if I/we violate them.

In addition, I/We understand that ALL changes in the income of ANY member of the household MUST be reported to the Housing Authority of the City of Frederick within TEN (10) days of occurrence. Also I understand that the Housing Authority of the City of Frederick must approve ANY additional household members BEFORE they move in. The head of household must request in writing to add or to remove any member.

□

(ALL adult household members must initial that they have read and understand the above statements.)

WARNING Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER LAWS OF THE STATE OF MARYLAND.**

I/We hereby certify under penalty of perjury that all of the information contained in this affidavit is true and correct. I/We understand and acknowledge that making false statements on this affidavit is a crime under federal law and Maryland state law, which may result in termination from the program and criminal prosecution.

| | | | |
|--|------|--------------------------|------|
| Signature of Head of Household | Date | Signature of Spouse | Date |
| Signature of Other Adult (18 or older) | Date | Signature of Other Adult | Date |
| Signature of Other Adult (18 or older) | Date | Signature of Other Adult | Date |

*****This form must be completed by the Head of Household, If anyone outside the Head of Household completes, you must provide their name, title, and telephone number.*****

| | | | |
|------|-------|-------------|------|
| Name | Title | Telephone # | Date |
|------|-------|-------------|------|

ate

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)

Housing Authority of the City of Frederick
209 Madison Street
Frederick MD 21701

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.