

Every family member age 18 years old or over must read and sign the following:
Obligations of Family and Release of Information

OBLIGATIONS OF THE FAMILY

Once a family is accepted into a Rochester Housing Authority (RHA) rental assistance program the family must agree to follow the rules listed below in order to continue to participate and receive rental assistance through the program. Failure to follow these rules may result in termination from the program.

A. The family must:

1. Provide information to RHA that is true and accurate.
2. Supply any information that RHA or HUD determines to be necessary in the administration of the program, including evidence of citizenship or eligible immigration status and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
 - a. RHA reserves the right to terminate a family's eligibility for failure to provide the required documentation necessary for recertification by the last day of the month prior to the anniversary date.
 - b. RHA requires the family to report any change of income for any household member within 30 days of occurrence except cost of living increases from Social Security.
 - c. RHA reserves the right to take, at the least, 30 days to process an increase in housing assistance due to a decrease in a family's income. Requests for an increase in assistance received after the 15th of the month, even at the time of an annual recertification, will not go into effect, at the earliest, until the first of the second month following the request.
 - d. RHA requires the family to report any disposal of assets for less than the full value of the asset in the last two (2) years.
3. **Disclose and verify social security numbers and sign and submit consent forms for obtaining information.** RHA reserves the right to use Social Security information for all household members including children along with the Enterprise Income Verification System and other outside sources to verify information provided by the family.
4. Supply any information or certification requested by RHA to verify that the family is living in the unit or information related to family absence from the unit.
5. Promptly notify RHA, in writing, when the family is away from the unit for an extended period of time in accordance with RHA policies.
6. Allow RHA to inspect the unit at reasonable times and after reasonable notice.
7. Correct all tenant caused housing quality standard violations found during an inspection within the required time frame.
8. Notify RHA and the owner in writing before moving out of the unit or terminating the lease.
 - a. RHA requires written notice 45 days in advance of an anticipated move. (Notice to terminate a lease becomes effective on the last day of the month following the month notice is delivered to the landlord.)
 - b. RHA requires an initial lease term of one full year. Moves during the first year of a new lease are prohibited.
9. The unit must be the family's only residence.
10. Use the assisted unit for residence by the family. Members of the household may engage in legal profit making in the unit only if such activities are incidental to the primary use of the unit being for residence by members of the family.
11. Promptly notify RHA in writing of the birth, adoption, or court-awarded custody of a child.
12. Request RHA written approval to add any other person as an occupant of the unit.

RHA requires that the family provide the birth certificate, social security card, and source of income for any person added to the household. If the person is 18 years or older, that person must complete the Criminal Records form. No other person may reside in the unit (except for foster child or live-in aide as described in #14 below). RHA must approve the additional occupant prior to the person being allowed to reside in the unit.
13. Promptly notify RHA in writing if any family member no longer lives in the unit.

RHA reserves the right to require that a request to remove an adult from the household be accompanied by verifiable documentation establishing the adult's new address.
14. Request RHA written approval to add foster children or a live-in aide.

RHA has the discretion to adopt reasonable policies concerning residence by a foster child or live-in aide, and defining when RHA consent may be given or denied.
15. Promptly provide the RHA a copy of any owner eviction notice.
16. Pay utility bills and the family's share of rent due to the landlord in a timely manner. Provide and maintain any appliances that the owner is not required to provide under the Lease.

B. The family (including each family member) must not:

- 1. Own or have any interest in the unit.**
- 2. Commit any serious or repeated violation of the lease.**

RHA will calculate the family's share of the rent for each reexamination and notify the family. To pay any other amount as rent is in violation of the lease and contract terms and will result in termination from the rental assistance program. This applies to rental amounts only and does not apply to late fees or other approved fees that are stated in the lease and have been submitted to and approved by RHA. Failure to pay the family's share of rent and appropriate late fees being charged by the Landlord is a serious violation of the lease. Failure to resolve any outstanding debts with a landlord (by court decision) for a unit that is/was receiving RHA rental assistance is a serious violation of the lease. Failure to vacate a unit after reasonable notice is provided may result in termination from the program. Incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated lease violation by the victim or threatened victim or as a good cause to terminate tenancy, occupancy rights, or assistance of the victim.
- 3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.**
- 4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.**

RHA under the guidance of HUD's "One Strike Policy" has adopted the following administrative policy: Any criminal activity by any member of the family or guest(s) that threatens the health, safety, or right to peaceful enjoyment of the premises by other tenants, and all drug-related criminal activity by any member of the family, whether on or off the premises, is grounds for termination of eligibility from the rental assistance program. If the family member who commits the drug-related or criminal activity is the head-of-the household or spouse, the family's program eligibility may be terminated. If the family member who committed the activity is not the head-of household, or spouse, that family member (at the least) will not be allowed to return to the household. Criminal activity directly related to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of tenancy, occupancy rights, or assistance of the victim, if the tenant or immediate family member of the tenant is the victim.
- 5. Sublease or let the unit or assign the lease or transfer the unit.**
- 6. Receive HCV program housing assistance, while receiving another housing subsidy for the same unit or a different unit under any other Federal, State or local housing assistance program.**
- 7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.**
- 8. Receive HCV program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the RHA has determined (and notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.**
- 9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.**



I understand that if I violate the terms of my lease, or the Obligations of the Family, or RHA policy as described above or as in the RHA Administrative Plan, my eligibility may be terminated. I would have the opportunity to request a fair hearing if my eligibility is terminated.

I have read and agree to abide by the preceding terms and conditions.

Signature Head of House _____

Date _____

Signature Spouse _____

Date _____

Signature Household Member age 18 or over _____

Date _____

Signature Household Member age 18 or over _____

Date _____

Signature Household Member age 18 or over _____

Date _____

Please make a copy of this form for your reference.
**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. 1/31/2014

PHA requesting release of information:

Rochester Housing Authority

675 West Main Street
Rochester, NY 14611
(585) 697-6105

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 RHA to request verification of salary and wages from current or previous employers; (2) HUD and the RHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD and the RHA to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Services. The law also requires independent verification of income information. Therefore, HUD or the RHA 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 RHA to request income information from the sources listed on the form. HUD and the RHA 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 RHA 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 RHA for the purpose of determining housing assistance. The RHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and RHA 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 RHA'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(1)(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.

Information inquiries may also be made about VA or other pensions, unemployment or disability benefits, or any other income sources, child care expenses, credit history, criminal records, family composition, employment income, pensions, assets, Federal, State, Tribal or local benefits, handicap assistance expenses, identity and marital status, medical expenses, Social Security Numbers, residences and rental history.

Any individual or organization including any governmental organization may be asked to release information.

Conditions:

I agree that photocopies of this authorization may be used for the stated purposes and that RHA may conduct computer-matching programs with other Federal, State or local governmental agencies.

In the event that my records are randomly selected or referred for review, I authorize the release of the above information to the RHA Internal Audit Department.

Consent: I consent to allow HUD or RHA 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 authorities 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.

I have read this document and understand and agree to the release of information in consideration for my occupancy or continued occupancy of an apartment assisted by RHA.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____
Head of Household	Date	Social Security Number of Head of Household
_____	_____	_____
Spouse	Date	Social Security Number of Spouse
_____	_____	_____
Other Family Member over age 18	Date	Social Security Number
_____	_____	_____
Other Family Member over age 18	Date	Social Security Number
_____	_____	_____
Other Family Member over age 18	Date	Social Security Number



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 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 RHA, 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, RHA and any owner (or any employee of HUD, RHA 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, RHA, or the owner responsible for the unauthorized disclosure or improper use.