



## The Tohono O'odham Ki:Ki Association Will Be Accepting Applications for all TOKA Housing Programs.

All Applications that meet the basic eligibility criteria will be placed on the waiting list.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!!**

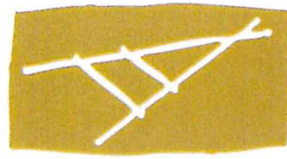
### **A COMPLETE APPLICATION has the following documentation-**

- ◆ Head of Household Must be 18 years old on date the application is submitted.
- ◆ Submit Picture ID for adult(s) listed on the application. (Driver's License, State ID)
- ◆ Submit Tribal enrollment verification for individual(s) listed on application
- ◆ Submit Social Security cards for individual(s) listed on application
- ◆ Submit Birth Certificates for individual(s) listed on application-
- ◆ Submit Household Income Verification- Benefit letter for TANF, SSI, SSA-Retirement, Survivors, GA Unemployment, Child Support, and/or Current Check Stub for employment for entire household-
- ◆ Signed Tribal authorization form for all adults listed on application-
- ◆ Signed State & Federal authorization form for all adults listed on application-
- ◆ Signed HUD Release of Information form- all adults listed on application.
- ◆ Any other documents Required to complete your application, i.e., marriage certificates, divorce decrees, custody documentation, child support, death certificates.

### FY 2022 INCOME LIMITS UNDER NAHASDA ACT OF 1996

HHS	1	2	3	4	5	6	7	8
80 %	50,400	\$57,600	\$64,800	\$72,000	\$77,800	\$83,600	\$89,300	\$95,100
100%	\$63,000	\$72,000	\$81,000	\$90,000	\$97,200	\$104,400	\$111,600	\$118,800

Revised 1/19/2023



**TRAVOIS**<sup>TM</sup>  
Asset Management

**TOKA Homes I, II, III & IV**  
**2023 LIHTC Income & Rent Limits**

Pima County Median Income % of AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
40%	22,760	26,000	29,240	32,480	35,080	37,680	40,280	42,880
50%	28,450	32,500	36,550	40,600	43,850	47,100	50,350	53,600
60%	34,140	39,000	43,860	48,720	52,620	56,520	60,420	64,320

Pima County Rent Limits					
AMI	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom
40%	\$609	\$731	\$844	\$942	\$1,039
50%	\$761	\$913	\$1,055	\$1,177	\$1,299
60%	\$914	\$1,096	\$1,266	\$1,413	\$1,559

Based on 2023 MTSP Limits

Effective 05/15/2023

TOKA I - PIS 05/27/15, TOKA II - PIS 12/13/16, TOKA III - PIS 03/21/19, TOKA IV - PIS 03/30/21



# TOHONO O'ODHAM KI:KI ASSOCIATION

P.O. Box 790 Sells, Arizona 85634

## APPLICATION FOR HOUSING ASSISTANCE

**PROGRAM** PLEASE CHECK THE BOX FOR THE PROGRAM THAT YOU ARE APPLYING FOR

☐ Market Rate Rental ☐ Unrestricted Income Program ☐ **EMERGENCY ASSISTANCE**  
(Attach Statement)

**Low Rent Location:** ☐ Sells Elderly ☐ Sells ☐ Pisinemo

**LIHTC Location:** ☐ Sells ☐ San Xavier ☐ Hanem Ke:K ☐ Kawulk

☐ **NAHASDA** Village / Community: \_\_\_\_\_

**NAHASDA – Native American Housing Assistance and Self-Determination Act**

### HEAD OF HOUSEHOLD

USE LEGAL NAMES ONLY

Last Name	First Name	Middle Initial	Sex	Social Security Number
Do you use any other Social Security Number or Name(s)?		Enrollment Number	Date of Birth (MM/DD/YY)	
SSN: _____		Name(s): _____		
Marital Status – Check One				
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Current Living Address	Apt #	City / State	Zip	Phone – (10 digits)
( )				
Mailing Address (If different than above)	Apt #	City / State	Zip	Message Phone (10 digits)
( )				
Race – Check One		Ethnicity	Other – Check All That Apply	
<input type="checkbox"/> White <input type="checkbox"/> American Indian/Native Alaskan		<input type="checkbox"/> Hispanic	<input type="checkbox"/> Elderly – 62 or older <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran	
<input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Non-Hispanic		

### HOUSEHOLD COMPOSITION

LIST ONLY THOSE MEMBERS WHO WILL BE LIVING WITH YOU

Last Name	First Name	M. I.	Relationship	Sex	Social Security Number
Date of Birth (MM/DD/YY)	Place of Birth (City, State, Country)	Monthly Income	Source of Income	Student Status	
		\$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Race – Check All that Apply		Ethnicity	Tribe	Disability	Veteran
<input type="checkbox"/> White <input type="checkbox"/> American Indian/Native Alaskan		<input type="checkbox"/> Hispanic	<input type="checkbox"/> Tohono O'Odham	<input type="checkbox"/> Disabled	<input type="checkbox"/> Veteran
<input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> _____		
Last Name	First Name	M. I.	Relationship	Sex	Social Security Number
Date of Birth (MM/DD/YY)	Place of Birth (City, State, Country)	Monthly Income	Source of Income	Student Status	
		\$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Race – Check All that Apply		Ethnicity	Tribe	Disability	Veteran
<input type="checkbox"/> White <input type="checkbox"/> American Indian/Native Alaskan		<input type="checkbox"/> Hispanic	<input type="checkbox"/> Tohono O'Odham	<input type="checkbox"/> Disabled	<input type="checkbox"/> Veteran
<input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> _____		



NEXT OF KIN / EMERGENCY AND OTHER CONTACT INFORMATION			
Next of Kin Name	Relationship	Address	Phone – (10 digits) (      )

**DECLARATION OF INCOME**

Federal regulations require families applying for or receiving federal housing assistance to report all sources of income currently being received or will be received BY ALL MEMBERS OF THE HOUSEHOLD. Please check either Yes or No below.

Yes	No	Type of Income	Monthly \$ Amount	Verification Obtained For TOKA Use Only
<input type="checkbox"/>	<input type="checkbox"/>	General Assistance		
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance to Needy Families (TANF)		
<input type="checkbox"/>	<input type="checkbox"/>	Food Stamps		
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefits (SS or SSD)		
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)		
<input type="checkbox"/>	<input type="checkbox"/>	Day Labor or Odd Jobs		
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Benefits		
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation Benefits		
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration Benefits		
<input type="checkbox"/>	<input type="checkbox"/>	Private Retirement or Pensions		
<input type="checkbox"/>	<input type="checkbox"/>	Child Support		
<input type="checkbox"/>	<input type="checkbox"/>	Military Pay and Allowances		
<input type="checkbox"/>	<input type="checkbox"/>	Death Benefits		
<input type="checkbox"/>	<input type="checkbox"/>	Insurance Settlements (Life Insurance, etc.)		
<input type="checkbox"/>	<input type="checkbox"/>	College Grants		
<input type="checkbox"/>	<input type="checkbox"/>	College Work Study		
<input type="checkbox"/>	<input type="checkbox"/>	Income from Business or Property		
<input type="checkbox"/>	<input type="checkbox"/>	Lump Sum Receipts (inheritances, lottery, etc.)		
<input type="checkbox"/>	<input type="checkbox"/>	Personal Property held as investment		
<input type="checkbox"/>	<input type="checkbox"/>	Other Income		
<input type="checkbox"/>	<input type="checkbox"/>	Employment (Name & Address of Employer) _____		
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone outside your household pay for any bills or give you money?		

**ASSET INFORMATION**

List all banking accounts (including IRA's, Keogh and Certificates of Deposit) of all household members, including any amounts disposed of during the past two years

Bank/Credit Union Name & Address	Account Number	Type of Account	Current Balance	Verification Obtained For TOKA Use Only
			\$	
			\$	

List the value of all stocks, bonds, pensions or other assets

Investment Agency Name & Address	Account Number	Type of Account	Current Balance	Verification Obtained For TOKA Use Only
			\$	
Do you own a home or other real estate?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**CERTIFICATION OF ASSET DIVESTITURE**

I/We hereby certify that during the two year (24 month) period preceding the effective date of my certification or re-certification of eligibility for program participation, I/We have disposed of more than \$1,000.00 in assets for less than fair market value.

Asset Disposed Of	Value of the Asset	Amount Received	Verification Obtained For TOKA Use Only

**EXPENSES****DAY CARE**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you pay for childcare that enables you or another family member to work or go to school? If yes, please provide name and address of child care provider
Name and Address of Child Care Provider		Monthly Amount Paid Out of Pocket
		Verification Obtained For TOKA Use Only

**ELDERLY/DISABLED FAMILIES ONLY**

Yes	No	Medical Expenses	Verification Obtained For TOKA Use Only
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Medicare/Medicaid or other kinds of medical insurance? If yes, what is the monthly premium that you pay \$	
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for any medical bills? If yes, please provide name and address of medical providers (Doctors / Pharmacies / Dentists, etc.)	
Name and Address of Medical Provider		Monthly Amount Paid Out of Pocket	Verification Obtained For TOKA Use Only

**PRIOR PARTICIPATION/BACKGROUND INFORMATION**

Have you ever participated in any assisted housing program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Verification Obtained For TOKA Use Only
Program	Where (City)	Dates: From / To	
Program	Where (City)	Dates: From / To	
Do you owe any money to TOKA?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you or any other adult members of your household have a criminal record?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give details			

## 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 is 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 TOKA, 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.

## APPLICANT/PARTICIPANT CERTIFICATION

### GIVING TRUE AND COMPLETE INFORMATION

I/We certify that all the information provided on household composition, income assets and expenses are accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct

### REPORTING CHANGES IN HOUSEHOLD COMPOSITION OR INCOME

I/We know that I am required to report immediately in writing, any change in income and any change in household composition. I understand that I may not move anyone into or out of my unit without prior the written authorization of the TOKA.

### REPORTING ON PRIOR HOUSING ASSISTANCE

I/We certify that I have disclosed where I received any previous federal housing assistance and whether or not any money is owed to that entity. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

### DUPLICATE ASSISTANCE

I/We certify that the house or apartment will be my principal residence and that I will not obtain duplicate federal housing assistance while I am in this current program. I will not live anywhere else without notifying the TOKA immediately in writing.

### COOPERATION

I/We understand that I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand that failure or refusal to do so will result in denial of eligibility.

~~~~~  
**TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IS ACCURATE AND COMPLETE ON FAMILY COMPOSITION, INCOME, ASSETS AND EXPENSES.**

|                               |              |      |
|-------------------------------|--------------|------|
| Signature – Head of Household | Printed Name | Date |
| Signature – Spouse            | Printed Name | Date |
| Signature – Other Adult       | Printed Name | Date |

**\*\*Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than 5 years, or both.







**TOHONO O'ODHAM KI:KI ASSOCIATION  
BACKGROUND INVESTIGATION AUTHORIZATION FORM**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Last Name, First Name, Middle Name)

Maiden and/or Former Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Have you utilized and/or lived at this address for more than five (5) years? ☐ YES ☐ NO  
(If No, please provide your previous address)

Previous Address (1): \_\_\_\_\_ Address (2): \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver and/or Identification Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_

**NOTICE:** This form provides your written authorization for the Tohono O'odham Ki:Ki Association to conduct a Background Investigation utilizing the information provided above. A Background Investigation may include, but not be limited to the release of the following information: 1) Pending Criminal Matters and/or Criminal Convictions and/or Discharge of Sentence within the past (5) years from any City, County, State, Tribal or Federal Jurisdiction; 2) Outstanding Fines due to a Court (City, County, State, Tribal, and/or Federal); 3) Any pending, outstanding or active Civil Judgments currently pending or discharged within the past five (5) years; and 4) Any active sex offender or requirement to register as a sex offender as a high-risk person or lifetime registration requirement.

\_\_\_\_\_  
Signature of Person Named Above

\_\_\_\_\_  
TOKA Staff Signature & Title



|                                                                 |
|-----------------------------------------------------------------|
| <b>Background Release Form<br/>Disclosure and Authorization</b> |
|-----------------------------------------------------------------|

In connection with my application for employment (including contract for service) with \_\_\_\_\_ ("the Company"), I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for employment-related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that if the Company hires me, it may request a consumer report or an investigative consumer report about me for employment-related purposes during the course of my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and that the nature of such an investigation will be my continuing suitability for employment, or whether I possess the minimum qualifications necessary for promotion or transfer to another position. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

I understand that I am being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681u. If I am applying for employment in the State of California or if I am a resident of California at the time of applying for employment, a summary of the provisions of California Civil Code section 1786.22 is also being provided to me with this form. If I am applying for employment in the State of New York or if I am a resident of New York at the time of applying for employment, in compliance with Section 380-c of the New York General Business law, I am being provided with a copy of NY Correction Law Article 23-a. This Disclosure and Authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information. I hereby consent to your obtaining the above information from Accurate Background, Inc. (and/or any of their licensed agents) located at 6 Orchard, Suite 200, Lake Forest, CA 92630, (800) 784-3911. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

Print Name \_\_\_\_\_

Other Names Known By \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Prospective Employer \_\_\_\_\_

California, Oklahoma or Minnesota Applicants:

I would like to receive a copy of any report obtained on me by "the Company".

☐ Yes

☐ No



**TOHONO O'ODHAM KI:KI ASSOCIATION  
BACKGROUND INVESTIGATION AUTHORIZATION FORM**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Last Name, First Name, Middle Name)

Maiden and/or Former Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Have you utilized and/or lived at this address for more than five (5) years? ☐ YES ☐ NO  
(If No, please provide your previous address)

Previous Address (1): \_\_\_\_\_ Address (2): \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver and/or Identification Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_

**NOTICE:** This form provides your written authorization for the Tohono O'odham Ki:Ki Association to conduct a Background Investigation utilizing the information provided above. A Background Investigation may include, but not be limited to the release of the following information: 1) Pending Criminal Matters and/or Criminal Convictions and/or Discharge of Sentence within the past (5) years from any City, County, State, Tribal or Federal Jurisdiction; 2) Outstanding Fines due to a Court (City, County, State, Tribal, and/or Federal); 3) Any pending, outstanding or active Civil Judgments currently pending or discharged within the past five (5) years; and 4) Any active sex offender or requirement to register as a sex offender as a high-risk person or lifetime registration requirement.

\_\_\_\_\_  
Signature of Person Named Above

\_\_\_\_\_  
TOKA Staff Signature & Title

**Background Release Form  
Disclosure and Authorization**

In connection with my application for employment (including contract for service) with \_\_\_\_\_ ("the Company"), I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for employment-related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that if the Company hires me, it may request a consumer report or an investigative consumer report about me for employment-related purposes during the course of my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and that the nature of such an investigation will be my continuing suitability for employment, or whether I possess the minimum qualifications necessary for promotion or transfer to another position. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

I understand that I am being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681u. If I am applying for employment in the State of California or if I am a resident of California at the time of applying for employment, a summary of the provisions of California Civil Code section 1786.22 is also being provided to me with this form. If I am applying for employment in the State of New York or if I am a resident of New York at the time of applying for employment, in compliance with Section 380-c of the New York General Business law, I am being provided with a copy of NY Correction Law Article 23-a. This Disclosure and Authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information. I hereby consent to your obtaining the above information from Accurate Background, Inc. (and/or any of their licensed agents) located at 6 Orchard, Suite 200, Lake Forest, CA 92630, (800) 784-3911. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

Print Name \_\_\_\_\_

Other Names Known By \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Prospective Employer \_\_\_\_\_

California, Oklahoma or Minnesota Applicants:

I would like to receive a copy of any report obtained on me by "the Company".

☐ Yes

☐ No

## 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; (Cross out space if none)  
(Full address, name of contact person, and date)

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

Tohono O'odham Ki:Ki Association  
P.O. Box 790  
Sells, Arizona 85634

**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.