Buckland Healthy Homes Project: Income Verification Worksheet

Identification and Incom-	e Computation:			
Name of Propert	y Owner:			
Name of Tenant,	if different from	above:		
Property Address	s:			
				
Tenure (circle one):	Owner-Occupai	nt	Non-owner-Occup	ant
Income Composition:				
А	В	С	D	E
Individual	Type/Source of Income	Periods/Year	Actual Annual \$ Amount (per Tax Return)	Form of Verification*
*Please attach a form of	varification for as	sch incomo listad	Evamples include	navetube letter from
employer, unemploymer			•	
rent/childcare/hospital/p	physician expense	es, etc.		
Gross Annual Household	l Income (add tog	ether all values i	n column D): \$	
Number of Adults over 1	18 years old in the	e household:		
Total number of people	in the household	including childre	en:	
		•	ect Consent Form Credit Verifications	
Homes project staff to requ form for the purpose of ver information received by the terminate assistance witho contest any determinations	uest and obtain creorifying my eligibility e Native Village of E ut first independen s.	dit information from under HUD's assis Buckland under this tly verifying the an	m the local (Alaska) \ ted housing program s consent form canno nount. I, then, must b	
Name of Vendor/Utility:				

<u>I have read and understand the application and Federal Privacy Act Notice, along with this consent form.</u> This consent expires fifteen (15) months after it is signed.

Signatures:		
Head of Household	Date	SSN
Other Family Member Over 18 Years	Date	SSN

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 applications 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 for the Buckland Healthy Homes Project. 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 including all Social Security Numbers you, and all other household members, have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the required information may result in a delay or rejection of your eligibility approval.

Native Village of Buckland 100 Beluga Street P.O. Box 67 Buckland, AK 99727 (907) 494-2171

Penalties for misusing this consent: HUD, the Native Village of Buckland, and any owner (or any employee of HUD, NVB, 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 9836. 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 \$5,000.00.

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, NVB, or the owner responsible for the unauthorized disclosure or improper use.