



NOTICE TO PROGRAM PARTICIPANTS

Please read this before moving on. Our yearly recertification process has changed.

We are pleased to share that the Santa Monica Housing Authority (SMHA) has updated the Annual Recertification Packet to make the process simpler and more participant friendly. These changes are designed to streamline your experience and reward participants who comply with program requirements.

Key Updates to the Recertification Packet

1. Pre-Calculated Income for Fixed Sources:

- SMHA staff has already calculated portions of your income from fixed sources, such as Social Security, including adjustments for the Cost of Living Adjustment (COLA). This reduces the effort required on your part.

2. Confirmation of Current Information:

- If you have reported changes in your family composition, income, and assets in a timely manner and are up to date, this packet will primarily ask you to confirm the accuracy of the information previously reported.
- Additional documentation or updates will only be required if changes have occurred or further clarification is needed.

These updates reflect our trust in your ongoing compliance and aim to simplify your annual recertification process while maintaining program integrity.

What You Need to Do

- Carefully review the information provided in the packet.
- Confirm its accuracy by completing the relevant sections.
- Provide any new information or supporting documents only if required.

We hope these changes make the recertification process easier for you. Thank you for your continued cooperation and timely reporting, which are essential to ensuring the success of our program.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick Komesu".

Patrick Komesu, Housing Authority Administrator



THIS PAGE IS INTENTIONALLY LEFT BLANK



Legal Name of Head of Household (Required): _____

The Santa Monica Housing Authority annually evaluates Language Service's needs.

<p>(1) Please indicate your primary language: check one.</p> <p><input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Specify) _____</p> <p>NAME of Alternate Contact (Optional): _____ Phone: _____</p>	<p>(2) Do you require translation in your primary language? Check all that apply.</p> <p><input type="checkbox"/> Written <input type="checkbox"/> Spoken <input type="checkbox"/> None</p>
--	---

PART 1 (A): HOUSEHOLD INFORMATION

Questionnaire (Provide responses only if your answer is "Yes")

Do you have a household member temporarily (short term) absent from the home?

Name of Person: _____ Reason for Absence: _____ Date person left Unit: _____

Is anyone in your household (including you) expecting a baby? Please provide statement/hospital record.

Name of person expecting the baby: _____ Due Date: _____

Has anyone in the household (including you) changed their first name or last name? Please provide the new Social Security Card.

Previous Name of person: _____ Current Name of person: _____

Has anyone in your Household (including you) become disabled since the last recertification? Please provide verification of disability.

Name of the disabled person(s): _____

Will any family member turn 18 years of age in the next 12 months? Name of Person: _____

Are any members of the household subject to a lifetime sex offender registration requirement in any state? If yes, please list their names(s) here: _____ Which State(s)? _____

Certification (REQUIRED)

Household Information: Ensure all members listed, addresses, and other identifying information are accurate and up to date with SMHA and is not projected to change the next year

Household Composition: Confirm that each household member is listed, along with their relationship to the head of household, age, and any other pertinent details up to date with SMHA and is not projected to change the next year.

Status of Household Members: Make sure the current status of each member is up-to-date, including any recent changes (like employment, schooling, or health status) is current with SMHA and is not projected to change next year.

YES. The household information, composition, and/or status is correct, current, updated, and has not changed with the Santa Monica Housing Authority.

Note if "Yes: Adults with full-time student status must provide 3rd-party verification; otherwise, it will be removed.

(Skip to Part 2 (A): INCOME)

NO. The Family information, composition, and/or status is NOT correct, current, updated, and/or has changed. (Complete PART 1 (B) with only the new/updated information.)

PART 2 (A): INCOME

Annual income includes:

- All amounts received from any source (earned or unearned) unless specifically excluded under **24 CFR 5.609(b)**.
- Income received by family members aged 18 or older, the head of household, or a spouse.
- Unearned income on behalf of dependents under 18 years old.
- Imputed returns on assets exceeding \$50,000, calculated using the HUD-determined passbook savings rate when actual returns cannot be calculated.

Unlike earlier regulations, **HUD's current rules do not list included income sources explicitly**. Instead, income is presumed included unless excluded under **24 CFR 5.609(b)**. For example, child support or alimony is based on payments received, not just those legally entitled by court orders (**Notice PIH 2023-27**).

Additionally, annual income encompasses anticipated income from assets unless excluded by regulation, even if the asset itself is excluded from net family assets. Full guidance on the treatment of income and assets can be found in the following exhibits:

- **Exhibit 6-1:** Full Definition of Annual Income
- **Exhibit 6-2:** Treatment of Family Assets
- **Exhibit 6-3:** Effect of Welfare Benefit Reduction

A complete definition of income and income exclusions can be found in Chapter 6 of the SMHA Administrative Plan.

Total Household Income: List all money earned or received by **EVERYONE** living in your household. This includes money from wages, self-employment, child support, family support, Social Security, SSI, unemployment or disability payments, Workers Compensation, retirement benefits, Welfare, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

Income: Confirm and Verify that all income sources for each household member (e.g., wages, Social Security, benefits, Regular Contribution's) are correctly reported, along with the amounts up to date with the SMHA and is not projected to change in the next 12 months. NOTE: Regular contributions refer to three or more instances per year of receiving cash, cryptocurrency, electronic deposits, or gifts (monetary) from a person or source not already listed as income.

YES. The family income is accurate, current, and up to date, with no expected changes within the next 12 months as reported to the Housing Authority.

Note if "Yes": You **MUST** still provide current 3rd-party documents verifying all income sources, such as 3 recent current and consecutive pay stubs, DPSS statement, fixed income statements from the current year, etc..

(Skip to Part 3 (A): FINANCIAL ACCOUNTS/ASSETS)

NO, it has not been updated or is not current, or it is expected to change changes within the next 12 month. (Complete PART 2 (B) with only the new/updated income information.)



STOP: Skip this page if you answered "Yes" on the page before this one.

PART 2 (B): INCOME CONT.

Use this section to verify, update, or add changes to household income only. Updates to accurately reported information are not required unless specifically requested by staff.

NOTE: The household must provide 3rd party documentation supporting the reported changes and submit it to SMHA staff. Each document must be dated within 120 days of the date the re-examination date. If any submitted documents do not meet SMHA's criteria, the family will be required to provide acceptable documentation.

HOUSEHOLD MEMBER NAME	SOURCE OF ASSISTANCE <i>(Payment method)</i>	TYPE OF PROVIDER <i>(indicate if individual, charity or nonprofit, etc.)</i>	TYPE OF ASSISTANCE <i>(cash, food, clothing, etc.)</i>	Frequency <i>(i.e., Total # of payments, weekly, Biweekly monthly, etc.)</i>
<i>Example 1:</i> Sandra Samaritan	Venmo	John Doe	Groceries	Weekly

TERMINATION OF EMPLOYMENT: If you are reporting a loss of employment, you must provide a letter or termination from the employer. Have you filed for EDD Unemployment Benefits? Yes No (If "No" an explanation is required below)

Use this Section to explain changes in your Income information, why your information is not current or accurate, and any relevant information that the Santa Monica Housing Authority staff should consider

Note: This section is optional. However, the information provided here helps explain to the Housing Authority any extenuating circumstances for not reporting household changes within the required 10 business days, as mandated for program participation. This information will also determine whether you are in violation of program rules and if any enforcement actions are necessary. If left incomplete, your case will be evaluated based solely on the available information.

PART 3 (A): FINANCIAL ACCOUNTS/ASSETS

Assets to consider	Assets always excluded
<ul style="list-style-type: none"> Checking and savings accounts Stocks, bonds, mutual funds Luxury items or items that are not necessary, e.g., recreational boat, vehicles not used for regular transportation Assets disposed of for less than fair market value; for example, if you gave away a house to someone outside of the assisted family within the past two years, the value of the house would be considered an asset (except as determined by certain divorce or separation settlements) 	<ul style="list-style-type: none"> Retirement accounts (e.g., IRAs, 401k, 403b) Educational savings accounts (Section 529, Section 530, Coverdell ESA, etc.) ABLE accounts Non-revocable trusts Necessary items of personal property (items essential for the maintenance, use, and occupancy of a home or necessary for employment, education, cultural expression, or health and wellness) Federal tax refunds (must be subtracted from total net family assets)

ASSET INFORMATION. All accounts held by all family members must be listed, including accounts held by minor children.

Assets: Ensure all assets (including checking accounts, savings accounts, certificates of deposits (CDs), stocks, bonds, luxury items, recreational vehicles, land, house, condominium, commercial building, etc.), asset income, such as savings, property, or investments, are accurately reported up to date with SMHA and is not projected to change the next year.

What is the total dollar (\$) value of your Assets _____, (If more than \$50,000 Mark **No** below)

How much Income have you received from your Assets _____, (Interest, Dividends, etc.)

YES. The assets reported to the Santa Monica Housing Authority are accurate, current, and up to date, disclosed in compliance with program requirements, and total less than \$50,000.

Note if "Yes": You **MUST** still provide asset statement every three years even if the value is less than \$50,000

Note if "Yes": You **MUST** provide 6 months of current and consecutive bank statements if your account shows deposits unrelated to your reported income. These include, but are not limited to, additions such as cash, cryptocurrency, electronic deposits, gifts, or loan repayments from a source not listed as income or traceable to an existing asset (e.g., bank-to-bank transfers).

(Skip to Part 4: EXPENSES AND/OR ALLOWANCES)

NO. The assets reported to the Santa Monica Housing Authority are not accurate, current, or up to date. Additional information or updates are needed to comply with program requirements, or the total assets exceed \$50,000. (Complete PART 3 (B))



STOP: Skip this Page if you marked "Yes" on the Previous page.

PART 3 (B): FINANCIAL ACCOUNTS/ASSETS CONT.

Use this section to verify, update, or add changes to family assets and/or financial accounts only.

NOTE: Updates to accurately reported information are not required unless specifically requested by staff.

Financial Accounts: For those with banking or other personal accounts, list ALL checking, savings, money market accounts, stocks, bonds, mutual funds, Individual Retirement Accounts (IRA), and Certificate of Deposit (CD) accounts, and attach ALL pages of the most current statement(s) for EACH account.

NOTE: The household must provide 3rd party documentation supporting the reported changes and submit it to SMHA staff. Each document must be dated within 120 days of the date the re-examination date. If any submitted documents do not meet SMHA's criteria, the family will be required to provide acceptable documentation. ATM receipts will not be accepted.

HOUSEHOLD MEMBER NAME	TYPE OF ACCOUNT	NAME AND ADDRESS OF BANK/INSTITUTION

Real estate, real property, land, or other tangible assets (e.g., classic cars, gold held as an investment, etc.)

Household member NAME (OWNER/CO-OWNER OF PROPERTY)	address of property	balance owed	DO YOU RECEIVE RENTAL INCOME FROM THIS PROPERTY? (Specify AMOUNT BELOW)

Use this section to list additional assets or financial accounts and/or explain changes, updates, or additions to financial accounts and/or asset information, including why the information may not be current or accurate, and any relevant details for the Santa Monica Housing Authority to consider.

The Housing Authority does not require explanations for regular deposits from verified income sources. Instead, focus on the addition of new assets, the failure to report an existing asset, or deposits made from unverified income sources.

Note: This section is optional. However, the information provided here helps explain to the Housing Authority any extenuating circumstances for not reporting household changes within the required 10 business days, as mandated for program participation. This information will also determine whether you are in violation of program rules and if any enforcement actions are necessary. If left incomplete, your case will be evaluated based solely on the available information.

OPTIONAL PART 4: MEDICAL EXPENSE DEDUCTION

The medical expense deduction is permitted only for families in which the head, spouse, or co-head is at least 62 years old or is a person with disabilities (verified by the Housing Authority). If a family is eligible for a medical expense deduction, the medical expenses of all family members are counted.

Is the Head, spouse, or co-head 62 years old or a person with disabilities

(If “No” or you don’t anticipate unreimbursed, out of pocket medical expenses skip to Part 5:)

Are you eligible for a medical expense deduction?

If you have *unreimbursed, out of pocket* medical expenses, that exceed ten percent of annual income *may* be deducted from your annual income (Note: this time HUD the threshold is still 3% until further notice from HUD).

Definition of medical expenses

Health and medical care expenses, as defined in **24 CFR § 5.603**, include costs incurred for the diagnosis, cure, mitigation, treatment, or prevention of disease or payments for treatments affecting any structure or function of the body. Health and medical care expenses include medical insurance premiums and long-term care premiums that are paid or anticipated during the period for which annual income is computed.

Required Documentation:

- Verification that the medical expense was paid by you or will be paid by you.
- Each bill must include either a receipt marked “PAID” or a cancelled check or money order
- If you are claiming prescriptions you must provide a print-out from the pharmacy (individual receipts or prescriptions will not be accepted)
- Receipts from drug stores, markets, etc., must list the specific item being claimed
- Any receipt/bill must have the name of the person claiming the expense
- Claims for attendant care must also include a letter from a medical professional indicating number of hours needed, as well as bills and payment verification.

Additional Information for Extensive Medical Expenses:

If your household has extensive medical expenses, but the documentation provided is unclear, incomplete, or not readily verifiable by the Housing Authority, you may be required to process the expense through an interim recertification. While the Housing Authority staff will make their best effort to obtain and verify documentation for any claimed medical expenses, it remains your responsibility to submit clear, verifiable, and unaltered documentation that demonstrates the expense qualifies as a medical deduction.

You are entitled to an informal review of the information submitted if there are discrepancies or questions about your claimed expenses and how housing Authority staff interpreted them. Please note that providing documentation after the annual recertification has been processed may not result in a recalculation of your rent during the annual recertification. Adjustments that are not the result of a Housing Authority error can only be made during the timely processing of the annual recertification; otherwise, they will need to be addressed through an interim recertification.

OPTIONAL PART 5: DISABILITY EXPENSE ALLOWANCE

Unreimbursed reasonable expenses for attendant care and auxiliary apparatus for each member of the family who is a person with disabilities may be deducted if they:

- (1) are necessary to enable a family member 18 years or older to work,
- (2) are not paid to a family member or reimbursed by an outside source,
- (3) in combination with any medical expenses, exceed ten percent of annual income, and
- (4) do not exceed the earned income received by the family member who is enabled to work.

Is the family paying for care or apparatus for a disabled family member so that an adult family member can work?

(If “No” skip to Part 6: Childcare Allowance)

If “Yes” Information provided may qualify you for a deduction from the income used to calculate the household rent.

The household must submit 3rd-party documentation verifying the expenses and demonstrate how they enable the household member to work.

Name of Household Member who is enabled to work	Name of Household Member with disabilities	Description of for attendant care and/or auxiliary apparatus	Is this paid by another source?	Weekly Amount Paid for Childcare (Specify Any Variation Over Summer Months)

OPTIONAL PART 6: CHILDCARE ALLOWANCE

Does any household member who is currently employed, seeking employment, or attending school, pay for childcare for children in the household that are under 13 years of age?

(If “No” skip to Part 7: Certification and Verification)

If “Yes” Information provided may qualify you for a deduction from the income used to calculate the household rent.

Please complete the table below and submit written verification from childcare provider verifying the requested information listed below (i.e., letterhead, invoice, income tax return, receipts, Log of parent fees paid, etc.).

Full Name of Child	Name of Household Member	Name Or Agency of Childcare Provider	Childcare Provider Phone Number	Weekly Amount Paid for Childcare (Specify Any Variation Over Summer Months)

PART 8: CERTIFICATION AND ACKNOWLEDGMENT

Before completing and signing this packet, please review all attached materials, including Parts 1 through 8 (or the part specially requested), any supporting documents being submitted for verification, and any specific information requested by staff during the recertification process. By signing, each household member affirms and agrees to the following:

- The information provided in this packet is accurate, true, and complete to the best of your knowledge.
- You (and the household) understand and agree to the Reexamination Process as outlined in Chapter 11 of the Administrative Plan.
- You (and the household) understand and commit to the Family Obligations established at the time of admission into the program, as detailed in Exhibit 12-1 of the Administrative Plan. These obligations include, but are not limited to:
 - Timely reporting (within 10 business days) of changes to household information, income, status, or composition.
 - Timely payment of the tenant's portion of rent.

Program Violation Policy

The PHA may terminate assistance if any family obligation is violated. This includes, but is not limited to:

- Lease violations or other program-related infractions reported by property owners or discovered through investigation.
- Past evictions from federally assisted housing within the last five years.
- Fraud, bribery, or criminal acts involving federal housing programs.
- Outstanding debts to any PHA or breaches of repayment agreements.
- Violent, abusive, or threatening behavior toward PHA personnel, including verbal abuse or discriminatory language.

Investigation and Termination Process

The PHA will investigate any reported violations and provide an opportunity to respond. Factors such as the severity of the violation, whether it was unintentional, and previous warnings will be considered. A Program Violation Warning may be issued, requiring acknowledgment by the participant. Repeated or severe violations may result in termination of assistance.

Live-In Aide Obligations (if the family has one)

1. They not considered a member of the household under the Section 8 Program and have no residual rights to the unit should the tenant vacate the unit or is deceased;
2. They are living in the unit because it has been determined by the Santa Monica Housing Authority (SMHA) that they essential to the care and well-being of the tenant;
3. That they would not be living in the unit except to provide care for the tenant.



REQUIRED: All Adult Members Must Complete the Below

PART 8: CERTIFICATION AND ACKNOWLEDGMENT CONT.

By signing below, you confirm that you have reviewed the attached packet, including Parts 1 through 8 (or the specific sections requested), as well as any additional information requested by staff during the Reexamination process. By signing, each household member certifies and acknowledges compliance with Family Obligations, the Annual Reexamination process, and all requirements for continued and ongoing program participation.

INSTRUCTIONS: All members of the household, 18 years and older must read and sign below.

I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection. WARNING: Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U.S.C. 287, 1001, 1010, 1012; 31 U.S.C. 3279, 3802).

By digitally placing your signature, you affirm that it constitutes your legal signature and your intent to sign the document.

Head of Household (print name) Signature Date

Spouse/Co-Head (print name) Signature Date

Other Adult Member (print name) Signature Date

Other Adult Member (print name) Signature Date

Other Adult Member (print name) Signature Date

Current Home Phone Number

Alt Phone Number

Email Address: _____

Submitting Documentation or Questions

- 1) Email mail documentation to your Housing Specialist
- 2) Fax: (310) 264-7757, "Attn: **Housing Authority**"
- 3) Postal Mail (slowest):
Santa Monica Housing Division, Attn: **Housing Authority**
1685 Main Street, Mail Stop #19, Santa Monica, CA 90401
- 4) 24/7 Dropbox
323 Olympic Drive, Santa Monica, CA, 90401
Walk down the steps towards City Hall East; the Housing Dropbox will be on your left, before the ramp.
Postage not required. Staff check the Housing Dropbox every 24-48 hours on business days.
- 5) In-Person:
323 Olympic Drive, Santa Monica, CA, 90401.
The office is open Monday through Thursday from 9:00 AM to 4:00 PM, with adjusted hours or closures on holidays.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____	_____	_____
Head of Household (print name)	Signature	Date

Social Security Number (if any) of Head of Household		
_____	_____	_____
Spouse/Co-Head (print name)	Signature	Date
_____	_____	_____
Other Adult Member (print name)	Signature	Date
_____	_____	_____
Other Adult Member (print name)	Signature	Date
_____	_____	_____
Other Adult Member (print name)	Signature	Date

Privacy Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Authorization for the Release of Information

HA requesting release of information:

Santa Monica Housing Authority

1685 Main St. MS19
Santa Monica, CA 90401
Phone: (310) 458-8740
Fax: (310) 264-7757

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24 CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 purposes of determining housing assistance. The HA is also required to protect the 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 information that is obtained based on the consent 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.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (Including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Social Service Agencies
- State Unemployment Agencies
- State Wage Information Collection Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies
- Department of Homeland Security (INS)
- Internal Revenue Service

Head of Household (print name)

Signature

Date

Social Security Number (if any) of Head of Household

Spouse/Co-Head (print name)

Signature

Date

Other Adult Member (print name)

Signature

Date

Other Adult Member (print name)

Signature

Date

Other Adult Member (print name)

Signature

Date