



HOUSING AUTHORITY of the County of Butte

(530) 895-4474
FAX (530) 894-8738
TDD/TTY (800) 735-2929
(800) 564-2999 Butte County Only
WEBSITE: www.butte-housing.com
2039 Forest Avenue • Chico, CA 95928

PROCEDURES TO ADD A MEMBER TO HOUSEHOLD

The process to add a family member will be a two-step process:

1. List family member on Change Form to Add Member, complete the attached documents and provide the following:
 - a. **For adults**: Birth Certificate, Social Security Card, and Picture ID Card.
 - b. **For minors**: Birth Certificate and Social Security Card and verification of custody will also need to be provided.
 - c. Provide written verification for all income and assets.
2. After the Housing Authority approves the member to be added, you will need to provide written documentation from the landlord that the new member(s) has been given permission to reside in unit.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the HACB office.



The Housing Authority of the County of Butte is an Equal Opportunity Employer and Housing Provider



Section 8 Change form to Add Family Member to Household

Be sure to answer all questions, leaving no blanks. If the question does not apply, write none.

Head of the Household: _____ Phone # _____

Address: _____
Street City Zip

REQUEST TO ADD MEMBERS TO HOUSEHOLD:

New members current address Street City State Zip

Complete the information for all adults and children being added to your assisted unit (List adults first, then children). Provide social security cards, birth certificates and photo ID.

NEW HOUSEHOLD MEMBER:

1. Last Name (Include Jr, Sr, etc.)	2. First Name	3. M.I.	4. Birth Date	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	6. Relation
8. Social Security Number	9. Place of Birth	10. Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			11. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
12. Are you a student? Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time <input type="checkbox"/> Include a copy of School Schedule Part-Time <input type="checkbox"/> Include a copy of School Schedule		13. Do you receive Financial Aid? Yes <input type="checkbox"/> Include a copy of the Award Letter No <input type="checkbox"/>		14. Name and Address of School	
15. If Minor Child: Does this person live in the home full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>					

NEW HOUSEHOLD MEMBER:

1. Last Name (Include Jr, Sr, etc.)	2. First Name	3. M.I.	4. Birth Date	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	6. Relation
8. Social Security Number	9. Place of Birth	10. Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			11. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
12. Are you a student? Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time <input type="checkbox"/> Include a copy of School Schedule Part-Time <input type="checkbox"/> Include a copy of School Schedule		13. Do you receive Financial Aid? Yes <input type="checkbox"/> Include a copy of the Award Letter No <input type="checkbox"/>		14. Name and Address of School	
15. If Minor Child: Does this person live in the home full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>					

If you or anyone in your family is a person with disabilities, and you require an accommodation in order to fully utilize our programs and services, please contact the HACB office.

NEW HOUSEHOLD MEMBER:

1. Last Name (Include Jr, Sr, etc.)	2. First Name	3. M.I.	4. Birth Date	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	6. Relation
8. Social Security Number	9. Place of Birth	10. Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			11. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
12. Are you a student? Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time <input type="checkbox"/> Include a copy of School Schedule Part-Time <input type="checkbox"/> Include a copy of School Schedule		13. Do you receive Financial Aid? Yes <input type="checkbox"/> Include a copy of the Award Letter No <input type="checkbox"/>		14. Name and Address of School	
15. If Minor Child: Does this person live in the home full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>					

NEW HOUSEHOLD MEMBER:

1. Last Name (Include Jr, Sr, etc.)	2. First Name	3. M.I.	4. Birth Date	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	6. Relation
8. Social Security Number	9. Place of Birth	10. Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			11. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
12. Are you a student? Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time <input type="checkbox"/> Include a copy of School Schedule Part-Time <input type="checkbox"/> Include a copy of School Schedule		13. Do you receive Financial Aid? Yes <input type="checkbox"/> Include a copy of the Award Letter No <input type="checkbox"/>		14. Name and Address of School	
15. If Minor Child: Does this person live in the home full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>					

NEW HOUSEHOLD MEMBER:

1. Last Name (Include Jr, Sr, etc.)	2. First Name	3. M.I.	4. Birth Date	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	6. Relation
8. Social Security Number	9. Place of Birth	10. Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			11. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
12. Are you a student? Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time <input type="checkbox"/> Include a copy of School Schedule Part-Time <input type="checkbox"/> Include a copy of School Schedule		13. Do you receive Financial Aid? Yes <input type="checkbox"/> Include a copy of the Award Letter No <input type="checkbox"/>		14. Name and Address of School	
15. If Minor Child: Does this person live in the home full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>					

NEW HOUSEHOLD MEMBER:

1. Last Name (Include Jr, Sr, etc.)	2. First Name	3. M.I.	4. Birth Date	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	6. Relation
8. Social Security Number	9. Place of Birth	10. Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			11. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
12. Are you a student? Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time <input type="checkbox"/> Include a copy of School Schedule Part-Time <input type="checkbox"/> Include a copy of School Schedule		13. Do you receive Financial Aid? Yes <input type="checkbox"/> Include a copy of the Award Letter No <input type="checkbox"/>		14. Name and Address of School	
15. If Minor Child: Does this person live in the home full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Contact Information:

If unable to contact you, please list name and phone number of contact person:

Name

Phone

Relationship

Criminal History:

It is important you answer these questions fully, accurately, and honestly. Criminal history does not necessarily keep you from obtaining housing assistance. Attach additional paper if needed.

Has the new member ever been convicted of a drug-related crime or violent crime? Yes ☐ No ☐

If yes, list name(s): _____

Date of conviction: _____ City _____ State _____

Is any new member of the household required to register as a sex offender? Yes ☐ No ☐

If yes, list name(s): _____

Date of conviction: _____ City _____ State _____

While living in federally assisted housing, has the new member ever been convicted of manufacturing or producing methamphetamine? Yes ☐ No ☐

If yes, list name(s): _____

Date of conviction: _____ City _____ State _____

Has any new household member ever been or is currently on parole or probation? Yes ☐ No ☐

If yes, list name(s): _____

Dates of parole/probation: _____ to _____ City _____ State _____

Parole/probation officer's name: _____ Parole/probation officer's phone: _____

In what state did the offense resulting in parole/probation occur? _____

What charges resulted in parole/probation? _____

General Information:

Has any new household member lived in a government-subsidized unit such as Public Housing/Section 8? Yes ☐ No ☐

If yes, please explain: _____

Has any new household member ever committed fraud in federally-assisted programs or been required to repay money for misrepresenting information for such housing programs? Yes ☐ No ☐

If yes, please explain: _____

Has any new household member ever been evicted from Public Housing? Yes ☐ No ☐

If yes, please explain: _____

INCOME

Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months? Answer every question Yes or No. Income includes all money or contributions from any and all sources paid to you or on behalf of any family member.

Yes	No	Who Receives?	Amount
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Funds or Pension?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Death Benefits?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social Security?	_____
<input type="checkbox"/>	<input type="checkbox"/>	SSI?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Benefits?	_____
<input type="checkbox"/>	<input type="checkbox"/>	CalWorks or CalFresh?	_____ Cash Aid \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Are CalWorks benefits being sanctioned?	_____ CalFresh Amount \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Child Support?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Spousal Support/Alimony?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Financial Aid?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Benefits?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Workers Comp/State Disability?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foster Care Payments?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Income from Insurance Policies?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Income from annuity or other investment?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Interest, Dividends or other income from Real or Personal Property?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment? Please provide a copy of last year's tax return Who receives income? _____ Type of Business _____ Business Address _____ Street City State Zip	
<input type="checkbox"/>	<input type="checkbox"/>	Employment? Please complete Earnings/Wages section.	

Do you regularly receive gifts or non-cash contributions from anyone outside the household? For example:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Rent or utilities _____
<input type="checkbox"/>	<input type="checkbox"/>	Cash _____
<input type="checkbox"/>	<input type="checkbox"/>	Groceries (Do Not Include Food Stamps) _____
<input type="checkbox"/>	<input type="checkbox"/>	Car payments, gas, health insurance, medical bills _____
<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous Household Supplies or any other items provided? _____

If yes, provide name and address of person. _____

EARNINGS/WAGES SECTION

Indicate below all wages, salaries, tips or commissions, overtime, bonuses, or other compensation for personal services from any and all employers, including Military Pay. **Must provide your last 3 months of pay stubs or if seasonal provide copy of last year's tax return.**

Who receives income? _____ Employer _____

Employer's Address _____

City _____ Zip Code _____ Employer's Phone Number _____

Paid? ☐ Weekly
☐ Bi-Weekly (every 2 weeks)
☐ Semi-Monthly (twice monthly)
☐ Monthly
☐ Other (explain): _____

Hours worked per week? _____ Hourly Rate? _____

Average overtime hours per week? _____ Average tips/commissions per week? _____

Who receives income? _____ Employer _____

Employer's Address _____

City _____ Zip Code _____ Employer's Phone Number _____

Paid? ☐ Weekly
☐ Bi-Weekly (every 2 weeks)
☐ Semi-Monthly (twice monthly)
☐ Monthly
☐ Other (explain): _____

Hours worked per week? _____ Hourly Rate? _____

Average overtime hours per week? _____ Average tips/commissions per week? _____

Who receives income? _____ Employer _____

Employer's Address _____

Street

City

State

Zip

Employer's Phone Number _____

Paid? ☐ Weekly
☐ Bi-Weekly (every 2 weeks)
☐ Semi-Monthly (twice monthly)
☐ Monthly
☐ Other (explain): _____

Hours worked per week? _____ Hourly Rate? _____

Average overtime hours per week? _____ Average tips/commissions per week? _____

ASSETS

Do you or any family member have any of the following Assets? Check Yes or No for each Type of Asset.
Attach a separate sheet if needed. **Please attach a copy of the most recent statement for each account.**

Type of Asset	Do you Have?	Family Member	Name of Bank, Brokerage, or Company	Value or Balance
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Stocks/Bonds Annuities/CD	<input type="checkbox"/> Yes <input type="checkbox"/> No			
IRA/KEOGH/ Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Real Property (real estate)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Capital Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Yes No

☐ ☐ Have you or any family member sold or given away of any assets for less than fair market value in the past two (2) years?

If yes, date disposed? _____ Value? _____, Amount Received? _____

☐ ☐ Are any assets held jointly with another person?

If yes, provide their name and address. _____

EXPENSES

Medical Expenses: NONE ☐

Is the Head of Household, Spouse, or Co-Head Elderly (62 years or older)? Yes ☐ No ☐

Is the Head of Household, Spouse, or Co-Head Disabled? Yes ☐ No ☐

Is any other member of your household disabled? Yes ☐ No ☐

If yes, whom: _____

FOR HEAD OF HOUSEHOLD, SPOUSE, OR CO-HEAD THAT IS ELDERLY OR DISABLED:

List the medical expenses anticipated to be paid or incurred for each family member over the coming twelve (12) months. Medical expenses include items such as prescription/non-prescription medicines prescribed by a doctor, health insurance premiums, regular payments on past-due medical bills, etc. (See IRS Publication 502 for more information on qualifying medical expenses. This publication may be found at www.irs.gov.)

Please list all out of pocket medical expenses below. If you have expenses not listed, put them in "other". If there is not enough room please attach an additional piece of paper listing names, mailing addresses and phone numbers or your medical providers.

Expense	Family Member	Complete Mailing Address	Phone Number	\$ Amount Paid
Medicare				
Other Medical Insurance				
Doctor's Office				
Pharmacy				
Pharmacy				
Other				

DISABILITY ASSISTANCE EXPENSES:

Do you pay a care attendant for any family member(s) with disabilities that is necessary to permit that person or someone else in the family to work? Yes ☐ No ☐

If yes, please provide the following:

Household Member	Care Attendant Name	Care Attendant Address	Care Attendant Telephone Number

What is the monthly cost to you for the care attendant? \$_____

Child Care Expenses: NONE ☐

Do you pay for child care to: ☐ Work? ☐ Look for Work? ☐ Attend School?

Do you receive help with childcare expenses from any agencies? Yes ☐ No ☐

If so, which agency? _____

If so, what is your co-pay amount? \$_____ Do you pay above your co-pay amount? Yes ☐ No ☐

Caseworker's Name _____ Case Workers Phone # _____

Childcare provider's Name _____ Phone # (_____) _____

Mailing Address _____

WARNING!!! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATE THAT PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO A DEPARTMENT OF AGENCY OF THE UNITED STATES.

I declare under the penalty of perjury that the information included on these forms (including any accompanying forms) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

I / We certify that the information provided to the Housing Authority of the County of Butte on Household composition, income, net family assets, allowance, and deductions is accurate and complete to the best of my / our knowledge and belief. **I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets, and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs requirements and prohibitions.** I / We understand that false statements or information are punishable under Federal Law. I / We also understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy.

Signature of Head of Household Date

Signature of Spouse/Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

CERTIFICATION OF HACB REPRESENTATIVE

I certify that I have reviewed all questions and answers on this form provided by the Head of Household to ensure that each question was answered and verifications were received.

Signature of HACB Representative

Date

If you or anyone in your family is a person with disabilities, and you require an accommodation in order to fully utilize our programs and services, please contact the HACB office.

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	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 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.



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INFORMATION RELEASE AUTHORIZATION

The individual(s) listed below has applied for HUD Rental Assistance or is receiving assistance in one of our Housing Programs.

In order to determine eligibility for, or continued participation in these programs, the Housing Authority of the County of Butte is required to verify information from one or all of the following sources for each adult applying for housing assistance:

- ❖ Financial Institutions
- ❖ Social Security Administration
- ❖ Department of Employment and Social Services (DESS)
- ❖ Employers
- ❖ Physicians
- ❖ Child Care Providers
- ❖ Credit Bureaus
- ❖ Landlords/Property Management Companies
- ❖ Police/Parole/Probation authorities or any other entity or agency, which maintains or has access to records of criminal arrests and convictions
- ❖ Other: _____

I/We do hereby authorize the Housing Authority of the County of Butte to obtain any information or materials deemed necessary to determine my eligibility for residency.

(Please have all household members who are 18 or older sign below)

_____ Printed Name	_____ Social Security No.	_____ Participant Signature	_____ Date
_____ Printed Name	_____ Social Security No.	_____ Participant Signature	_____ Date
_____ Printed Name	_____ Social Security No.	_____ Participant Signature	_____ Date
_____ Printed Name	_____ Social Security No.	_____ Participant Signature	_____ Date
_____ Printed Name	_____ Social Security No.	_____ Participant Signature	_____ Date



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FAMILY OBLIGATIONS

A FAMILY:

- 1) MUST supply any information, certifications and releases that HUD or the Housing Authority (HACB) determines is necessary in the administration of the program which includes submitting required evidence of citizenship or eligible immigration status and information for use in a regularly scheduled or interim reexamination of family income and composition. **You MUST report any change in the family size and income in writing to the HACB, within 14 days of the change.** Information supplied by the family must be true and complete.
- 2) MUST disclose and verify Social Security numbers; sign and submit consent forms to obtain information.
- 3) MUST supply any information requested by the HACB to verify that the family is living in the unit or information related to family absence from the unit.
- 4) MUST notify the HACB, in writing, if they are going to be away from the unit for more than 14 days.
- 5) MUST allow the HACB to inspect the dwelling unit at reasonable times and after reasonable notices.
- 6) MUST notify the HACB and the owner, in writing, before moving out of the unit or terminating the lease.
- 7) MUST use the assisted unit for residence by the family. The unit must be the family's only residence.
- 8) MUST notify the HACB, in writing, within 14 days of the birth, adoption, or court-awarded custody of a child. Promptly notify the HACB in writing if any family member no longer lives in the unit. HACB must receive written approval to add any other family member as an occupant of the unit **before** the new member moves in.
- 9) MUST give the HACB a copy of any owner eviction notice.
- 10) May engage in legal profit-making activities in the unit, if such activities are incidental to the primary use of the unit for residence by members of the family.
- 11) MUST pay your rent monthly.

MANDATORY DENIAL AND TERMINATION

The HACB must deny assistance to applicants and terminate assistance for participants:

- 1) If any member of the family fails to sign and submit HUD or HACB required consent forms for obtaining information.
- 2) If no member of the family is a U.S. Citizen or eligible immigrant.
- 3) If any member of the family has ever been evicted from Public Housing or terminated from the Voucher Program for serious violation of the lease.
- 4) If any member of the family has been convicted of manufacturing or producing methamphetamine.
- 5) If any member of the family is required to register as a sex offender.
- 6) If any member of the family is a fugitive felon.

A FAMILY MUST:

- 1) Not OWN OR HAVE ANY INTEREST IN THE UNIT. (Exception: You may own manufactured home and receive assistance with space rent.) Not rent from a parent, child, grandchild, grandparent, sister, or brother of any member of the family.
- 2) NOT commit any serious or repeated violation of the lease. Commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
- 3) NOT participate in illegal drug or violent criminal activity.



The Housing Authority is an equal opportunity employer and housing provider.



HOUSING AUTHORITY of the County of Butte

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- 4) NOT sublease or let the unit or assign the lease or transfer the unit.
- 5) NOT receive Section 8 tenant-based 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.
- 6) NOT damage the unit or premises, (other than damage from ordinary wear and tear), disconnect the smoke detector, or permit any guest to damage the unit or premises. The family is responsible for Housing Quality Standards breaches as it pertains to tenant-supplied utilities or appliances furnished by the tenant.
- 7) NOT allow non-household members to use the unit address for any purpose, including a mailing address.
- 8) NOT allow non-household members to be in the unit more than 14 consecutive days or a total of 30 days in a 12-month period.

A VIOLATION OF ANY OF YOUR FAMILY OBLIGATIONS IS CONSIDERED CAUSE FOR TERMINATION FROM YOUR HOUSING ASSISTANCE PROGRAM. PLEASE BE AWARE OF THESE OBLIGATIONS SO WE CAN AVOID ANY MISUNDERSTANDS OR POTENTIAL PROBLEMS.

GROUND FOR DENIAL OR TERMINATION OF ASSISTANCE

THE HACB MAY DENY ASSISTANCE FOR AN APPLICANT OR TERMINATE PROGRAM ASSISTANCE FOR A PARTICIPANT FOR ANY OF THE FOLLOWING:

- 1) The family violates any family obligation.
- 2) Any member of the family commits drug-related criminal activity or violent criminal activity. Any member of the family commits fraud, bribery, or any act of corruption in connection with any HUD program.
- 3) The family currently owes money to the HACB or to another Housing Authority. The family violates an agreement with the HACB to pay amounts owed to the HACB, or amounts paid to an owner by the HACB.
- 4) A family has engaged in or threatened abusive or violent behavior toward HACB personnel.
- 5) If any family member has been terminated under any Voucher Program.
- 6) Any family member whose drug or alcohol abuse interferes with health, safety, or peaceful enjoyment of other residents.
- 7) Non-payment of monthly rent.

Signature of Head of Household

Date

Signature of Co-Applicant

Date

Signature of Participant

Date

Signature of Participant

Date



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name



CALIFORNIA PROPOSITION 215

Use of Medical Marijuana

The **federal government** does **NOT** recognize California Proposition 215, also known as the California Compassionate Use Act, and considers marijuana an illegal substance.

The Housing Authority of the County of Butte (HACB) Section 8 program is a **federally funded program**. Under federal law, participants may be denied assistance or terminated from the Section 8 program should they possess, use, smoke, ingest, cultivate or sell marijuana, **with or without** a doctor's recommendation.

If an applicant or participant is a disabled person and believes this rule does not apply to them because of a reasonable accommodation, please note that Public Housing Authorities may not permit the use of medical marijuana as a reasonable accommodation because:

- 1) Persons who are currently using illegal drugs, including medical marijuana, are categorically disqualified from protection under the disability definition provisions of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act; and,
- 2) Such accommodations are not reasonable under the Fair Housing Act because they would constitute a fundamental alteration of the nature of a PHA's operations. The use of illegal drugs including medical marijuana is specifically a prohibited activity under the HACB's HCV Administrative Plan, Criminal Activity Policy, HACB Section 3-18.

ALL adults please sign and date below:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____



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DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

UNDER PENALTY OF PERJURY, I DECLARE THAT:

1. _____
(Family Member Name)
- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
☐ I have eligible immigration status and I am 62 years of age or older; or
☐ I have eligible immigration status as checked below (see attached form for explanations).
 ☐ Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 ☐ Permanent residence under 249 of INA 4/; or
 ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 ☐ Parole status under 212(d)(5) of the INA /6; or
 ☐ Threat to life or freedom under 243 (h) of the INA /7; or
 ☐ Amnesty under 245A of the INA 8/.
- ☐ I am a non-citizen without eligible immigration status.

Signature (*Parent / Guardian must sign for family members under age 18. DO NOT sign child's name)

Date

UNDER PENALTY OF PERJURY, I DECLARE THAT:

2. _____
(Family Member Name)
- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
☐ I have eligible immigration status and I am 62 years of age or older; or
☐ I have eligible immigration status as checked below (see attached form for explanations).
 ☐ Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 ☐ Permanent residence under 249 of INA 4/; or
 ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 ☐ Parole status under 212(d)(5) of the INA /6; or
 ☐ Threat to life or freedom under 243 (h) of the INA /7; or
 ☐ Amnesty under 245A of the INA 8/.
- ☐ I am a non-citizen without eligible immigration status.

Signature (*Parent / Guardian must sign for family members under age 18. DO NOT sign child's name)

Date

UNDER PENALTY OF PERJURY, I DECLARE THAT:

3. _____
(Family Member Name)
- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
☐ I have eligible immigration status and I am 62 years of age or older; or
☐ I have eligible immigration status as checked below (see attached form for explanations).
 ☐ Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 ☐ Permanent residence under 249 of INA 4/; or
 ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 ☐ Parole status under 212(d)(5) of the INA /6; or
 ☐ Threat to life or freedom under 243 (h) of the INA /7; or
 ☐ Amnesty under 245A of the INA 8/.
- ☐ I am a non-citizen without eligible immigration status.

Signature (*Parent / Guardian must sign for family members under age 18. DO NOT sign child's name)

Date





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UNDER PENALTY OF PERJURY, I DECLARE THAT:

4. _____
(Family Member Name)
☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
☐ I have eligible immigration status and I am 62 years of age or older; or
☐ I have eligible immigration status as checked below (see attached form for explanations).
 ☐ Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 ☐ Permanent residence under 249 of INA 4/; or
 ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 ☐ Parole status under 212(d)(5) of the INA /6; or
 ☐ Threat to life or freedom under 243 (h) of the INA /7; or
 ☐ Amnesty under 245A of the INA 8/.
☐ I am a non-citizen without eligible immigration status.

Signature (*Parent / Guardian must sign for family members under age 18. DO NOT sign child's name)

Date

UNDER PENALTY OF PERJURY, I DECLARE THAT:

5. _____
(Family Member Name)
☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
☐ I have eligible immigration status and I am 62 years of age or older; or
☐ I have eligible immigration status as checked below (see attached form for explanations).
 ☐ Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 ☐ Permanent residence under 249 of INA 4/; or
 ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 ☐ Parole status under 212(d)(5) of the INA /6; or
 ☐ Threat to life or freedom under 243 (h) of the INA /7; or
 ☐ Amnesty under 245A of the INA 8/.
☐ I am a non-citizen without eligible immigration status.

Signature (*Parent / Guardian must sign for family members under age 18. DO NOT sign child's name)

Date

UNDER PENALTY OF PERJURY, I DECLARE THAT:

6. _____
(Family Member Name)
☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
☐ I have eligible immigration status and I am 62 years of age or older; or
☐ I have eligible immigration status as checked below (see attached form for explanations).
 ☐ Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 ☐ Permanent residence under 249 of INA 4/; or
 ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 ☐ Parole status under 212(d)(5) of the INA /6; or
 ☐ Threat to life or freedom under 243 (h) of the INA /7; or
 ☐ Amnesty under 245A of the INA 8/.
☐ I am a non-citizen without eligible immigration status.

Signature (*Parent / Guardian must sign for family members under age 18. DO NOT sign child's name)

Date





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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, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by § 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by § 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under §249 on INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8U.S.C.

Documents that Establish Identity

I-94 (Arrival Departure Record)

I-327 (Unexpired Reentry Permit)

I-551 (Permanent Resident Card or an Alien Registration Card)

I-571 (Unexpired Refugee Travel Document)

I-688 (Unexpired Temporary Resident Card)

I-688A (Unexpired Employment Authorization Card)

I-688B (Unexpired Authorization Document issued by INS which contains a Photograph)

I-766 (Employment Authorization Document annotated AA3)

Unexpired foreign passport

United States passport (unexpired or expired)



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TDD RELAY (800) 735-2929

**AUTHORIZATION FOR RELEASE OF INFORMATION
RELATING TO CRIMINAL ACTIVITY**

PURPOSE

The US Department of Housing and Urban Development (HUD) and the Housing Authority of the County of Butte (HACB) may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

CONSENT

I authorize and direct any Law Enforcement Agency, including the Department of Justice (DOJ), the National Crime Information Center (NCIC), police departments, and any other law enforcement agencies that hold criminal conviction records and/or sex offender registration records, to release to the RHA, any information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, including but are not limited to:

Criminal Conviction Records

Sex Offender Registration Records

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Department of Justice (DOJ)
Police Departments
Sheriffs' Departments

National Crime Information Center (NCIC)
Shasta Interagency Narcotics Task Force (SINTF)
Any Other Law Enforcement Agencies

CONDITIONS

I/We agree that photocopies of this authorization may be used for the purposes stated above. All household members 18 years of age or older are required to sign this release form. If I/we do not sign this authorization I/we understand that my/our housing assistance may be denied or terminated. This consent form expires 15 months after signed.

Signature of Head of Household

Date

Signature of Spouse/Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date



Revised 5-10-17

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CERTIFICATION

WARNING! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE STATE THAT PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO A DEPARTMENT OF AGENCY OF THE UNITED STATES.

I declare under the penalty of perjury that the information included on these forms (including any accompanying forms) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

I/We certify that the information provided to the Housing Authority of the County of Butte on Household composition, income, net family assets, allowance, and deductions is accurate and complete to the best of my/our knowledge and belief. **I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets, and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs requirements and prohibitions.** I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy.

Signature of Head of Household Date

Signature of Spouse/Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

CERTIFICATION OF HACB REPRESENTATIVE

I certify that I have explained all questions on this form and reviewed the answers provided by the Head of Household to ensure that each question was fully understood.

Signature of HACB Representative

Date

If you or anyone in your family is a person with disabilities and you require an accommodation in order to fully utilize our programs and services, please contact the HACB office.



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